

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

*Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.*

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

## Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, Social Security Number, and date and place of birth.

## Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13478.

## The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse or legally recognized civil union/domestic partner, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.

## Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documents; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

## Instructions for Completing this Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
6. For telephone numbers in the U.S., ensure that the area code is included.
7. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.

### Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, or sexual orientation when granting access to classified information.

### Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

### Disclosure Information

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

You will not receive prior notice of such disclosures under a routine use.

In addition to those disclosures generally permitted under the Privacy Act, all or a portion of the records or information you provide on this form or during your investigation may be disclosed outside of OPM as a routine use as outlined below.

### Office of Personnel Management (OPM) Routine Uses

OPM has published the following Privacy Act routine uses for its system of records for background investigations:

- a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to

classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.

- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- l. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- m. To disclose information to the National Archives and Records Administration for use in records management inspections.

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
- (1) OPM, or any component thereof; or
  - (2) Any employee of OPM in his or her official capacity; or
  - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
  - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.
- u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

### Public Burden Information

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### LOCATION CODES

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
Georgia	GA								
American Samoa	AS	Johnson Atoll	JQ	Midway Islands	MQ	Palmyra Atoll	LQ	Wake Island	WQ
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerto Rico	PR	APO/FPO America	AA
Guam	GU	Marshall Islands	MH	Northern Mariana Islands	MP	Virgin Islands, United States	VI	APO/FPO Europe	AE
Howland Island	HQ	Micronesia, Federated States	FM	Palau	PW			APO/FPO Pacific	AP
Jarvis Island	DQ								

### AGENCY USE BLOCK "AUB"

Investigating agency user only	Codes: (FIPC CODES)	Case Number:
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**FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.**

<b>A</b> Type of investigation		<b>B</b> Extra coverage/Advanced results		<b>C</b> Sensitivity level		<b>D</b> Access/Eligibility		<b>E</b> Nature of action code	
<b>F</b> Date of action (Month/Day/Year)		<b>G</b> Geographic location		<b>H</b> Position code		<b>I</b> Position title		<b>J</b> SON (Submitting Office Number)	
<b>K</b> Location of Official Personnel Folder		<input type="checkbox"/> None	<input type="checkbox"/> At SON	<input type="checkbox"/> Other	Other address/Web address of e-OPF			Zip Code	
<b>L</b> SOI (Security Office Identifier)		<input type="checkbox"/> NPRC	<input type="checkbox"/> e-OPF						
<b>M</b> Location of Security Folder		<input type="checkbox"/> None	<input type="checkbox"/> At SOI	Other address			Zip Code		
<b>N</b> IPAC		<b>O</b> TAS		<b>P</b> Obligating document number		<b>Q</b> BETC			
<b>R</b> Accounting data and/or Agency case number						<b>S</b> Investigative requirement		Initial Reinvestigation	
<b>T</b> Requesting Official - Name			Title			Signature			
Email address						Telephone number (Include Ext.)		Date (Month/Day/Year)	
<b>U</b> Secondary Requesting Official - Name					Title				
Email address			Telephone number (Include Ext.)		<b>V</b> Applicant affiliation		<input type="checkbox"/> FED CIV	<input type="checkbox"/> CON	
							<input type="checkbox"/> MIL	<input type="checkbox"/> Other	
<b>W</b> Deployment/PCS (if imminent)									
From (Month/Day/Year)		<input type="checkbox"/> Est.	To (Month/Day/Year)		<input type="checkbox"/> Est.	Reason(s) for temporary duty assignment or PCS			
					<input type="checkbox"/> Permanent Relocation				
Point of contact at location		Telephone number (Include Ext.)			Address/Unit/Duty location (Include City or Post Name)				
Commercial and Government Entity (CAGE) Code					Contract Number				
Agency Special Instructions for the Investigative Service Provider.									

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.**

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service.  YES  NO

### Section 1 - Full Name

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last name	First name	Middle name	Suffix
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### Section 2 - Date of Birth

Provide your date of birth. (Month/Day/Year)

Est.

### Section 3 - Place of Birth

Provide your place of birth.

City	County	State	Country (Required)
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### Section 4 - Social Security Number

Provide your U.S. Social Security Number.

Not applicable

### Section 5 - Other Names Used

Have you used any other names?

YES  NO (If NO, proceed to Section 6)

Complete the following if you have responded 'Yes' to having used other names.

Provide your other name(s) used and the period of time you used it/them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name (s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

#1 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO
Provide the reason(s) why the name changed			
#2 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO
Provide the reason(s) why the name changed			
#3 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO
Provide the reason(s) why the name changed			
#4 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO
Provide the reason(s) why the name changed			

### Section 6 - Your Identifying Information

Provide your identifying information.

Height (feet) (inches)	Weight (in pounds)	Hair color	Eye color	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 7 - Your Contact Information

Provide your contact information. Email addresses may be used as a contact method, and identify subject in records.

Home e-mail address

Work e-mail address

Provide three contact numbers. At least one telephone number is required. Additional numbers provided may assist in the completion of your background investigation.

International or DSN phone number

Home telephone number Extension  Day  
 Night

International or DSN phone number

Work telephone number Extension  Day  
 Night

International or DSN phone number

Mobile/Cell telephone number Extension  Day  
 Night

## Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)?

YES  NO (If NO, proceed to Section 9)

Provide the following information for the most recent U.S. passport you currently possess.

Passport number

Issue date (Month/Day/Year)

Expiration date (Month/Day/Year)

Est.

Est.

The following link will provide U.S. State Department passport help. <http://travel.state.gov/passport>

Provide the name in which passport was first issued.

Last name

First name

Middle name

Suffix

## Section 9 - Citizenship

Select the box that reflects your current citizenship status.

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.  
(Proceed to Section 10)

I am a derived U.S. citizen. (Complete 9.3)

I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.  
(Complete 9.1)

I am not a U.S. citizen. (Complete 9.4)

I am a naturalized U.S. citizen. (Complete 9.2)

### 9.1 Complete the following if you answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.

Provide type of documentation of U.S. citizen born abroad.

FS 240  DS 1350  FS 545  Other (Provide explanation) ▶

Provide document number for U.S. citizen born abroad.

Provide the date the document was issued. (Month/Day/Year)

Est.

Provide the place of issuance. (Provide City and Country if outside the United States; otherwise, provide City and State.)

City

State

Country

Provide the name in which document was issued.

Last name

First name

Middle name

Suffix

Provide your Certificate of Citizenship number.

Provide the date the certificate was issued. (Month/Day/Year)

Est.

Provide the name in which the certificate was issued.

Last name

First name

Middle name

Suffix

Were you born on a U.S. military installation?

YES  NO (If NO, proceed to Section 10)

Provide the name of the base.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 9 - Citizenship - (Continued)

### 9.2 Complete the following if you answered that you are a **naturalized U.S. citizen**.

Provide the date of entry into the U.S. (Month/Day/Year)		Provide the location of entry into the U.S. City		State
<input type="checkbox"/> Est.				
Provide country(ies) of prior citizenship. #1 Country		#2 Country		
Do/did you have a U.S. alien registration number?				
<input type="checkbox"/> YES $\longrightarrow$		Provide your U.S. alien registration number on Certificate of Naturalization USCIS, CIS, or INS registration, I-551, I-766.		
<input type="checkbox"/> NO				
Provide your Certificate of Naturalization number (N550 or N570).		Provide the date the Certificate of Naturalization was issued. (Month/Day/Year)		
		<input type="checkbox"/> Est.		
Provide the name of the court that issued the Certificate of Naturalization.		Provide the address of the court that issued the Certificate of Naturalization. Street		City
				State
				Zip Code
Provide the name in which the Certificate of Naturalization was issued.				
Last name		First name		Middle name
				Suffix
Provide the basis of naturalization.				
<input type="checkbox"/> Based on my own individual naturalization application				
<input type="checkbox"/> Other (Provide explanation) $\blacktriangleright$				

### 9.3 Complete the following if you answered that you are a **derived U.S. citizen**.

Provide your alien registration number (on Certificate of Citizenship — utilize USCIS, CIS or INS registration number)		Provide your Permanent Resident Card number (I-551)		Provide your Certificate of Citizenship number (N560 or N561)	
Provide the name in which the document was issued.					
Last name		First name		Middle name	
				Suffix	
Provide the date document was issued (Month/Day/Year)		Provide the basis of derived citizenship.			
<input type="checkbox"/> Est.		<input type="checkbox"/> By operation of law through my U.S. citizen parent			
		<input type="checkbox"/> Other (Provide explanation) $\blacktriangleright$			

### 9.4 Complete the following if you answered that you are **not a U.S. citizen**.

Provide your residence status.		Provide your date of entry in the U.S. (Month/Day/Year)			
		<input type="checkbox"/> Est.			
Provide country(ies) of citizenship.					
#1 Country		#2 Country			
Provide your place of entry in the U.S. City		State		Provide your alien registration number (I-551, I-766)	
				Provide document expiration date (I-766 ONLY) (Month/Day/Year)	
				<input type="checkbox"/> Est.	
Provide type of document issued. (I-94, U.S. Visa - red foil number, I-20, DS-2019, etc.)					
<input type="checkbox"/> I-94 <input type="checkbox"/> U.S. Visa (red foil number) <input type="checkbox"/> I-20 <input type="checkbox"/> DS-2019					
<input type="checkbox"/> Other (Provide explanation) $\blacktriangleright$					
Provide document number.		Provide the date document was issued (Month/Day/Year)		Provide document expiration date. (Month/Day/Year)	
		<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	
Provide the name in which the document was issued.					
Last name		First name		Middle name	
				Suffix	

Enter your Social Security Number before going to the next page  $\longrightarrow$

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 10 - Dual/Multiple Citizenship & Foreign Passport Information

**10.1** Do you now or have you **EVER** held dual/multiple citizenships?

YES  NO (If NO, proceed to 10.2)

Complete the following if you answered 'Yes' to having EVER held dual/multiple citizenships.

**Entry #1**

Provide country of citizenship.

During what period of time did you hold citizenship with this country?

(Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

How did you acquire this non-U.S. citizenship you now have or previously had?

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Have you taken any action to renounce your foreign citizenship?

YES  NO Provide explanation:

Do you currently hold citizenship with this country?

YES  NO Provide explanation:

**Entry #2**

Provide country of citizenship.

During what period of time did you hold citizenship with this country?

(Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

How did you acquire this non-U.S. citizenship you now have or previously had?

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Have you taken any action to renounce your foreign citizenship?

YES  NO Provide explanation:

Do you currently hold citizenship with this country?

YES  NO Provide explanation:

**10.2** Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?

YES  NO (If NO, proceed to Section 11)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

**Entry #1**

Provide the country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. (Month/Day/Year)

Est.

Provide the place the passport (or identity card) was issued.

City

Country

Provide the name in which passport (or identity card) was issued.

Last name

First name

Middle name

Suffix

Provide the passport (or identity card) number.

Provide the passport (or identity card) expiration date. (Month/Day/Year)

Est.

Have you **EVER** used this passport (or identity card) for foreign travel?

YES  NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 10 - Dual/Multiple Citizenship & Foreign Passport Information - (Continued)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

**Entry #2**

Provide country in which the passport (or identity card) was issued. \_\_\_\_\_ Provide the date the passport (or identity card) was issued. (Month/Day/Year) \_\_\_\_\_  Est.

Provide the place the passport (or identity card) was issued.  
 City \_\_\_\_\_ Country \_\_\_\_\_

Provide the name in which passport (or identity card) was issued.  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_

Provide the passport (or identity card) number. \_\_\_\_\_ Provide the passport (or identity card) expiration date. (Month/Day/Year) \_\_\_\_\_  Est.

Have you **EVER** used this passport (or identity card) for foreign travel?  
 YES  NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

#### Enter residence information.

##### Entry #1

Provide dates of residence.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  
 Est.  Est.

Is/was this residence:

Owned by you  Rented or leased by you  
 Military housing  Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location \_\_\_\_\_ City or Post Name \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

(b) Did you have an APO/FPO address while at this location?

YES → Address \_\_\_\_\_ APO or FPO \_\_\_\_\_ APO/FPO State Code \_\_\_\_\_ Zip Code \_\_\_\_\_  
 NO

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_ Provide date of last contact (Month/Year) \_\_\_\_\_  
 Est.

Provide your relationship to this person (Check all that apply).

Neighbor  Friend  Landlord  Business associate  Other (Provide explanation) ▶

Provide the following contact information for this person.

<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
<input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> International or DSN phone number
Evening telephone number _____ Extension _____	Daytime telephone number _____ Extension _____	Cell/mobile telephone number _____ Extension _____

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location \_\_\_\_\_ City or Post Name \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

(b) Does the person who knew you have an APO/FPO address?

YES → Address \_\_\_\_\_ APO or FPO \_\_\_\_\_ APO/FPO State Code \_\_\_\_\_ Zip Code \_\_\_\_\_  
 NO

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 11 - Where You Have Lived - (Continued)

#### Enter residence information.

##### Entry #2

Provide dates of residence.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Is/was this residence:

Owned by you  Rented or leased by you  
 Military housing  Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code  
 NO

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact (Month/Year)  Est.

Provide your relationship to this person (Check all that apply).

Neighbor  Friend  Landlord  Business associate  Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know  I don't know  I don't know  
 International or DSN phone number  International or DSN phone number  International or DSN phone number  
 Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code  
 NO

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 11 - Where You Have Lived - (Continued)

#### Enter residence information.

##### Entry #3

Provide dates of residence.

From Date (Month/Year)  To Date (Month/Year)  Present  
 Est.  Est.

Is/was this residence:

Owned by you  Rented or leased by you  
 Military housing  Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street  City  State  Zip Code  Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country

(b) Did you have an APO/FPO address while at this location?

YES → Address  APO or FPO  APO/FPO State Code  Zip Code   
 NO

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Last name  First name  Middle name  Suffix  Provide date of last contact. (Month/Year)   Est.

Provide your relationship to this person (Check all that apply).

Neighbor  Friend  Landlord  Business associate  Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know  I don't know  I don't know  
 International or DSN phone number  International or DSN phone number  International or DSN phone number  
 Evening telephone number  Extension  Daytime telephone number  Extension  Cell/mobile telephone number  Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street  City  State  Zip Code  Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address  APO or FPO  APO/FPO State Code  Zip Code   
 NO

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 11 - Where You Have Lived - (Continued)

#### Enter residence information.

##### Entry #4

Provide dates of residence.

From Date (Month/Year)  To Date (Month/Year)   Present  
 Est.  Est.

Is/was this residence:

Owned by you  Rented or leased by you  
 Military housing  Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street  City  State  Zip Code  Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country

(b) Did you have an APO/FPO address while at this location?

YES → Address  APO or FPO  APO/FPO State Code  Zip Code   
 NO

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Last name  First name  Middle name  Suffix  Provide date of last contact. (Month/Year)   Est.

Provide your relationship to this person (Check all that apply).

Neighbor  Friend  Landlord  Business associate  Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know  I don't know  I don't know  
 International or DSN phone number  International or DSN phone number  International or DSN phone number  
 Evening telephone number  Extension  Daytime telephone number  Extension  Cell/mobile telephone number  Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street  City  State  Zip Code  Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address  APO or FPO  APO/FPO State Code  Zip Code   
 NO

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 12 - Where You Went to School

Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

**(a)** Have you attended any schools in the last 10 years?

YES  NO

**(b)** Have you received a degree or diploma more than 10 years ago?

YES  NO (If NO to 12(a) and 12(b), proceed to Section 13A)

#### Entry #1

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Select the most appropriate code to describe your school.

High School  Vocational/Technical/Trade School  
 College/University/Military College  Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person.

Telephone number Extension  International or DSN phone number  
 Day  Night

Provide email address for this person.

I don't know

Did you receive a degree/diploma?

YES  NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

#### Entry #2

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Select the most appropriate code to describe your school.

High School  Vocational/Technical/Trade School  
 College/University/Military College  Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name First name

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 12 - Where You Went to School - (Continued)

#### Entry #2 (Continued)

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide telephone number for this person.  I don't know  
 Telephone number \_\_\_\_\_ Extension \_\_\_\_\_  International or DSN phone number  
 Day  Night

Provide email address for this person.  I don't know

Did you receive a degree/diploma?

YES  NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

#### Entry #3

Provide the dates of attendance. From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  High School  Vocational/Technical/Trade School  
 Est.  Est.  College/University/Military College  Correspondence/Distance/Extension/Online School

Select the most appropriate code to describe your school.

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name \_\_\_\_\_ First name \_\_\_\_\_

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide telephone number for this person.  I don't know  
 Telephone number \_\_\_\_\_ Extension \_\_\_\_\_  International or DSN phone number  
 Day  Night

Provide email address for this person.  I don't know

Did you receive a degree/diploma?

YES  NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 12 - Where You Went to School - (Continued)

#### Entry #4

Provide the dates of attendance. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.	Select the most appropriate code to describe your school. <input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Correspondence/Distance/Extension/Online School
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

<input type="checkbox"/> I don't know	Last name	First name
---------------------------------------	-----------	------------

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number for this person. <input type="checkbox"/> I don't know Telephone number Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	Provide email address for this person. <input type="checkbox"/> I don't know
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Did you receive a degree/diploma?  
 YES  NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page ➔



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back **10 years**. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

**Entry #1**

Select your employment activity:

- |                                                                                         |                                                                                                      |                                                                                                                  |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)       | <input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)                           | <input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼                       |
| <input type="checkbox"/> USPS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)      | <input type="checkbox"/> Unemployment (Complete 13A.4)                                               |                                                                                                                  |
| <input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)     | <input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)                        |                                                                                                                  |

**13A.1** Complete the following if employment type is Active Duty, National Guard/Reserve, or USPS Commissioned Corps.

Entry #1

Provide dates of employment.		Select the employment status for this position:		Provide your assigned duty station during this period.	
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide your most recent rank/position title.	
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time			
Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	State	Zip Code	Country	
Telephone number	Extension	<input type="checkbox"/> International or DSN phone number			
		<input type="checkbox"/> Day <input type="checkbox"/> Night			
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).					
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)					
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
<b>(b)</b> Do you or did you have an APO/FPO address while at this location?					
<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code	
<input type="checkbox"/> NO					
Provide the name of your supervisor.			Provide the rank/position title of your supervisor.		
Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Provide supervisor's telephone number.		Extension <input type="checkbox"/> International or DSN phone number	
				<input type="checkbox"/> Day <input type="checkbox"/> Night	
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	State	Zip Code	Country	
If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Entry #1

Provide dates of employment.		Select the employment status for this position:  <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number    Extension     International or DSN phone number

Day     Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

**(a)** Is/was your physical work address different than your employer's address?  
 YES     NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number    Extension     International or DSN phone number

Day     Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b.2)** Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Provide the name of your supervisor.	Provide the position title of your supervisor.
--------------------------------------	------------------------------------------------

Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number.    Extension <input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day <input type="checkbox"/> Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b)** Did/does your supervisor have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.3 Complete the following if employment type is self-employment

Entry #1

Provide dates of employment.		Select the employment status for this position:  <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employment.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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**(a)** Is your physical work address different than your employment address?  
 YES     NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this address.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
------------------	-----------	---------------------------------------------------------------------------------------------------------------------------

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.  
**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b.2)** Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---------------------------------------------------------------	---------	------------	--------------------	----------

Provide the name of someone that can verify your self-employment.

Last name	First name
-----------	------------

Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.  
**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b)** Does your self-employment verifier have an APO/FPO address?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---------------------------------------------------------------	---------	------------	--------------------	----------

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.4 Complete the following if employment type is unemployment.

<b>Entry #1</b>	Provide dates of unemployment.		Provide the name of someone that can verify your unemployment activities and means of support.			
	From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	Last name	First name	
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.			
	Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street		City	State	Zip Code	Country	
Provide the telephone number for this person.						
Verifier telephone number		Extension	<input type="checkbox"/> International or DSN phone number			
		<input type="checkbox"/> Day	<input type="checkbox"/> Night			
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).						
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)						
Street Address/Unit/Duty Location		City or Post Name	State	Zip Code	Country	
<b>(b)</b> Does your unemployment verifier have an APO/FPO address?						
<input type="checkbox"/> YES	→ Address	APO or FPO		APO/FPO State Code		Zip Code
<input type="checkbox"/> NO						

#### 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

<b>Entry #1</b>	Provide the reason for leaving the employment activity.					
	For this employment have any of the following happened to you <b>in the last seven (7) years</b> ?					
	Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.					
	<input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, proceed to 13A.6)					
	Select your type of incident:		Reason:	Employment departure date		
<input type="checkbox"/> Fired		Provide the reason for being fired.	Provide the date you were fired. (Month/Year)			<input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired		Provide the reason for quitting.	Provide the date you quit after being told you would be fired. (Month/Year)			<input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct		Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year)			<input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance		Provide the reason(s) for unsatisfactory performance.	Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)			<input type="checkbox"/> Est.

#### 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

<b>Entry #1</b>	For this employment, <b>in the last seven (7) years</b> have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)	
					<input type="checkbox"/> Est.	
	#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)	
				<input type="checkbox"/> Est.		
#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)		
				<input type="checkbox"/> Est.		
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)		
				<input type="checkbox"/> Est.		

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities

**Entry #2**

Select your employment activity:

- |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6)<br><input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)<br><input type="checkbox"/> Unemployment (Complete 13A.4)<br><input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6)<br><input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**13A.1** Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Entry #2

Provide dates of employment. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Est.	Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Provide your assigned duty station during this period.  Provide your most recent rank/position title.
Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____		
Telephone number _____ Extension _____ <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night		
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). <b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____		
<b>(b)</b> Do you or did you have an APO/FPO address while at this location? <input type="checkbox"/> YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____ <input type="checkbox"/> NO		
Provide the name of your supervisor.		Provide the rank/position title of your supervisor.
Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Provide supervisor's telephone number. Extension _____ <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____		
If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____		

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Entry #2

Provide dates of employment.		Select the employment status for this position:  <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number    Extension     International or DSN phone number

Day     Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

**(a)** Is/was your physical work address different than your employer's address?  
 YES     NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number    Extension     International or DSN phone number

Day     Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b.2)** Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Provide the name of your supervisor.	Provide the position title of your supervisor.
--------------------------------------	------------------------------------------------

Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number.	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b)** Did/does your supervisor have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

Entry #2

**13A.3** Complete the following if employment type is self-employment

Provide dates of employment.	Select the employment status for this position:	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)	
<input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Est. <input type="checkbox"/> Est.	Provide the name of your employment.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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**(a)** Is your physical work address different than your employment address?

YES  NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this address.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b.2)** Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---------------------------------------------------------------	---------	------------	--------------------	----------

Provide the name of someone that can verify your self-employment.

Last name	First name
-----------	------------

Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b)** Does your self-employment verifier have an APO/FPO address?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---------------------------------------------------------------	---------	------------	--------------------	----------

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.4 Complete the following if employment type is unemployment.

Entry #2

Provide dates of unemployment.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name  First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street  City  State  Zip Code  Country

Provide the telephone number for this person.

Verifier telephone number  Extension   International or DSN phone number  
 Day  Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country

(b) Does your unemployment verifier have an APO/FPO address?

YES  NO → Address  APO or FPO  APO/FPO State Code  Zip Code

#### 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #2

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

YES  NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

Est.

Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

Est.

Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

Est.

Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

Est.

#### 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #2

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

YES  NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities

**Entry #3**

Select your employment activity:

- |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6)<br><input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)<br><input type="checkbox"/> Unemployment (Complete 13A.4)<br><input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6)<br><input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### 13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Entry #3

Provide dates of employment. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Est.	Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Provide your assigned duty station during this period.  Provide your most recent rank/position title.
Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____		
Telephone number _____ Extension _____ <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night		
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____		
(b) Do you or did you have an APO/FPO address while at this location? <input type="checkbox"/> YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____ <input type="checkbox"/> NO		
Provide the name of your supervisor. _____		Provide the rank/position title of your supervisor. _____
Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Provide supervisor's telephone number. Extension _____ <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____		
If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____		

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 13A - Employment Activities - (Continued)**

Entry #3

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.		Select the employment status for this position:  <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number    Extension     International or DSN phone number

Day     Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

**(a)** Is/was your physical work address different than your employer's address?  
 YES     NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number    Extension     International or DSN phone number  
 Day     Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b.2)** Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Provide the name of your supervisor.    Provide the position title of your supervisor.

Provide the email address of your supervisor.  I don't know    Provide supervisor's telephone number.    Extension     International or DSN phone number  
 Day     Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b)** Did/does your supervisor have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 13A - Employment Activities - (Continued)**

Entry #3

**13A.3** Complete the following if employment type is self-employment

Provide dates of employment.		Select the employment status for this position:	Provide most recent position title.
From Date <i>(Month/Year)</i>	To Date <i>(Month/Year)</i>	<input type="checkbox"/> Present	Provide the name of your employment.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Full-time	
		<input type="checkbox"/> Part-time	

Provide address of this employment. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night

**(a)** Is your physical work address different than your employment address?

YES  NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this address.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b.2)** Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Provide the name of someone that can verify your self-employment.

Last name	First name
-----------	------------

Provide the address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b)** Does your self-employment verifier have an APO/FPO address?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.4 Complete the following if employment type is unemployment.

Entry #3

Provide dates of unemployment.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name  First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street  City  State  Zip Code  Country

Provide the telephone number for this person.

Verifier telephone number  Extension   International or DSN phone number  
 Day  Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country

(b) Does your unemployment verifier have an APO/FPO address?

YES  NO → Address  APO or FPO  APO/FPO State Code  Zip Code

#### 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #3

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

YES  NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

Est.

Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

Est.

Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

Est.

Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

Est.

#### 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #3

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

YES  NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities

**Entry #4**

Select your employment activity:

- |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)<br><input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6)<br><input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)<br><input type="checkbox"/> Unemployment (Complete 13A.4)<br><input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6)<br><input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**13A.1** Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Entry #4

Provide dates of employment. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Est.	Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide your assigned duty station during this period.  Provide your most recent rank/position title.
Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street      City      State      Zip Code      Country		
Telephone number      Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night		
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). <b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location      City or Post Name      State      Zip Code      Country		
<b>(b)</b> Do you or did you have an APO/FPO address while at this location? <input type="checkbox"/> YES → Address      APO or FPO      APO/FPO State Code      Zip Code <input type="checkbox"/> NO		
Provide the name of your supervisor.		Provide the rank/position title of your supervisor.
Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Provide supervisor's telephone number. Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street      City      State      Zip Code      Country		
If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Address/Unit/Duty Location      City or Post Name      State      Zip Code      Country		

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 13A - Employment Activities - (Continued)**

Entry #4

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.		Select the employment status for this position:	Provide most recent position title.
From Date <i>(Month/Year)</i>	To Date <i>(Month/Year)</i>		Provide the name of your employer.
<input type="checkbox"/> Est.	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	
	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time	

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number      Extension       International or DSN phone number

Day       Night

**Additional Periods of Activity with this Employer** - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date <i>(Month/Year)</i>	To date <i>(Month/Year)</i>	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

**(a)** Is/was your physical work address different than your employer's address?

YES       NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number      Extension       International or DSN phone number

Day       Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES →      Address      APO or FPO      APO/FPO State Code      Zip Code

NO

Provide the name of your supervisor.      Provide the position title of your supervisor.

Provide the email address of your supervisor.  I don't know      Provide supervisor's telephone number.      Extension       International or DSN phone number

Day       Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b)** Did/does your supervisor have an APO/FPO address while at this location?

YES →      Address      APO or FPO      APO/FPO State Code      Zip Code

NO

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

Entry #4

**13A.3** Complete the following if employment type is self-employment

Provide dates of employment.		Select the employment status for this position:  <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employment.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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**(a)** Is your physical work address different than your employment address?  
 YES     NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this address.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
------------------	-----------	---------------------------------------------------------------------------------------------------------------------------

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.  
**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b.2)** Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---------------------------------------------------------------	---------	------------	--------------------	----------

Provide the name of someone that can verify your self-employment.

Last name	First name
-----------	------------

Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
------------------	-----------	---------------------------------------------------------------------------------------------------------------------------

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.  
**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**(b)** Does your self-employment verifier have an APO/FPO address?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---------------------------------------------------------------	---------	------------	--------------------	----------

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.4 Complete the following if employment type is unemployment.

Entry #4

Provide dates of unemployment.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name  First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street  City  State  Zip Code  Country

Provide the telephone number for this person.

Verifier telephone number  Extension   International or DSN phone number  
 Day  Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location  City or Post Name  State  Zip Code  Country

(b) Does your unemployment verifier have an APO/FPO address?

YES  NO → Address  APO or FPO  APO/FPO State Code  Zip Code

#### 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #4

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

YES  NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

Est.

Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

Est.

Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

Est.

Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

Est.

#### 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #4

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

YES  NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 13B - Employment Activities - Former Federal Service**

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

YES  NO (If NO, proceed to Section 13C)

**Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously.**

<b>Entry #1</b>				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
<b>Entry #2</b>				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
<b>Entry #3</b>				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
<b>Entry #4</b>				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____

**Section 13C - Employment Record**

Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed?

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

YES (If YES, you will be required to add an additional employment in Section 13A)

NO (If NO, proceed to Section 14)

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 14 - Selective Service Record**

Were you born a male after December 31, 1959?

YES  NO (If NO, proceed to Section 15)

Have you registered with the Selective Service System (SSS)?

- Yes → Provide registration number: ▶
- No → Provide explanation: ▶
- I don't know → Provide explanation: ▶

The Selective Service website, [www.sss.gov](http://www.sss.gov), can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number.

**Section 15 - Military History**

Have you **EVER** served in the U.S. Military?

YES  NO (If NO, proceed to Section 15.2)

**15.1 Complete the following if you responded 'Yes' to having served in the U.S. Military.**

<b>Entry #1</b>			
Provide the branch of service you served in. <input type="checkbox"/> Army <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army National Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force	State of service, if National Guard <hr/> Provide your status <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	Officer or enlisted <input type="checkbox"/> Not Applicable <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Provide your service number. <hr/> Provide your dates of service. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Provide the type of discharge you received: <input type="checkbox"/> Honorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Other (provide type) ▶			Provide the date of discharge listed (Month/Year) <input type="checkbox"/> Est.
Provide the reason(s) for the discharge, if discharge is other than Honorable			
<b>Entry #2</b>			
Provide the branch of service you served in. <input type="checkbox"/> Army <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army National Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force	State of service, if National Guard <hr/> Provide your status <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	Officer or enlisted <input type="checkbox"/> Not Applicable <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Provide your service number. <hr/> Provide your dates of service. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Provide the type of discharge you received: <input type="checkbox"/> Honorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Other (provide type) ▶			Provide the date of discharge listed (Month/Year) <input type="checkbox"/> Est.
Provide the reason(s) for the discharge, if discharge is other than Honorable			

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 15 - Military History - (Continued)**

**15.2** In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc?  YES  NO (If NO, proceed to Section 15.3)

Complete the following if you responded 'Yes' to In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.

**Entry #1**

Provide the date of the court martial or other disciplinary procedure. (Month/Year)

Est.

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

**Entry #2**

Provide the date of the court martial or other disciplinary procedure. (Month/Year)

Est.

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 15 - Military History - (Continued)**

**15.3** Have you **EVER** served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?  YES  NO (If NO, proceed to Section 16)

Complete the following if you responded 'Yes' to having **EVER** served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

**Entry #1**

During your foreign service, which organization were you serving under? <input type="checkbox"/> Military (Specify Army, Navy, Air Force, Marines, etc.) <input type="checkbox"/> Security Forces <input type="checkbox"/> Intelligence Service <input type="checkbox"/> Militia <input type="checkbox"/> Diplomatic Service <input type="checkbox"/> Other Defense Forces <input type="checkbox"/> Other Government Agency, Specify ▶	Provide the name of the foreign organization.  Provide your period of service. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
Provide the name of the country. Provide the highest position/rank held. Provide division/department/office in which you served.	Provide a description of the circumstances of your association with this organization. Provide a description of the reason for leaving this service.

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?  
 YES  NO (If NO, proceed to Section 16)

**Contact #1**

Provide the contact's full name.			
Last name	First name	Middle name	Suffix
Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)			
Street	City	State	Zip Code Country
Provide the contact's official title.		Provide the frequency of contact.	
		Provide the length of your association with the contact. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.	

**Contact #2**

Provide the contact's full name.			
Last name	First name	Middle name	Suffix
Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)			
Street	City	State	Zip Code Country
Provide the contact's official title.		Provide the frequency of contact.	
		Provide the length of your association with the contact. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.	

Enter your Social Security Number before going to the next page ➔

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 15 - Military History - (Continued)

Complete the following if you responded 'Yes' to having **EVER** served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

#### Entry #2

During your foreign service, which organization were you serving under?

- Military (Specify Army, Navy, Air Force, Marines, etc.)     Security Forces  
 Intelligence Service     Militia  
 Diplomatic Service     Other Defense Forces  
 Other Government Agency, Specify ▶

Provide the name of the foreign organization.

Provide your period of service.

From Date (Month/Year)    To Date (Month/Year)     Present  
 Est.     Est.

Provide the name of the country.    Provide the highest position/rank held.    Provide division/department/office in which you served.

Provide a description of the circumstances of your association with this organization.    Provide a description of the reason for leaving this service.

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?

- YES     NO (If NO, Proceed to Section 16)

#### Contact #1

Provide the contact's full name.

Last name    First name    Middle name    Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street    City    State    Zip Code    Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year)    To Date (Month/Year)     Present  
 Est.     Est.

#### Contact #2

Provide the contact's full name.

Last name    First name    Middle name    Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street    City    State    Zip Code    Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year)    To Date (Month/Year)     Present  
 Est.     Est.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 16 - People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers **at least the last seven (7) years**. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form**.

### Entry #1

Provide dates known. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.		Provide relationship to you. (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Provide explanation) ▼ <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	
Provide full name. Last name First name Middle name Suffix			
Provide e-mail address for this person. <input type="checkbox"/> I don't know		Provide rank/title <input type="checkbox"/> Not applicable	
Provide telephone number for this person. <input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night		Provide mobile/cell telephone number for this person. <input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night	
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country			

### Entry #2

Provide dates known. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.		Provide relationship to you. (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Provide explanation) ▼ <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	
Provide full name. Last name First name Middle name Suffix			
Provide e-mail address for this person. <input type="checkbox"/> I don't know		Provide rank/title <input type="checkbox"/> Not applicable	
Provide telephone number for this person. <input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night		Provide mobile/cell telephone number for this person. <input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night	
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country			

### Entry #3

Provide dates known. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.		Provide relationship to you. (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Provide explanation) ▼ <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	
Provide full name. Last name First name Middle name Suffix			
Provide e-mail address for this person. <input type="checkbox"/> I don't know		Provide rank/title <input type="checkbox"/> Not applicable	
Provide telephone number for this person. <input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night		Provide mobile/cell telephone number for this person. <input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night	
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country			

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 17 - Marital/Relationship Status

Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership:

- |                                                                                                                                                             |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Never entered in a civil marriage, legally recognized civil union, or legally recognized domestic partnership (Complete 17.3)      | <input type="checkbox"/> Separated (Complete 17.1 and 17.3)          |
| <input type="checkbox"/> Currently in a civil marriage, legally recognized civil union, or legally recognized domestic partnership (Complete 17.1 and 17.3) | <input type="checkbox"/> Annulled (Complete 17.2 and 17.3)           |
|                                                                                                                                                             | <input type="checkbox"/> Divorced/Dissolved (Complete 17.2 and 17.3) |
|                                                                                                                                                             | <input type="checkbox"/> Widowed (Complete 17.2 and 17.3)            |

**17.1** Complete the following if you selected "currently in a civil marriage," "legally recognized civil union," or "legally recognized domestic partnership" or "Separated." Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated.

Provide full name.				Provide date of birth.
Last name	First name	Middle name	Suffix	(Month/Day/Year)
				<input type="checkbox"/> Est.

Provide place of birth.			
City	County	State	Country (required)

If the person is foreign born, provide one type of documentation that he or she possesses and the document number.			
Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	Not a U.S. Citizen: <input type="checkbox"/> I-551 Permanent Resident <input type="checkbox"/> I-766 Employment Authorization <input type="checkbox"/> I-94 Arrival-Departure Record <input type="checkbox"/> Other (Provide explanation)	<input type="checkbox"/> U.S. Visa (red foil number) <input type="checkbox"/> I-20 Certificate of Eligibility for Non-Immigrant-F1-Student <input type="checkbox"/> DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Provide document number.	Provide document expiration date, if applicable. (Month/Day/Year)	Provide U.S. Social Security Number.
	<input type="checkbox"/> Est.	<input type="checkbox"/> Not applicable

Provide other names used (such as maiden name, names by other marriages, civil marriages, legally recognized civil unions, or legally recognized domestic partnerships, nicknames, etc., and provide dates used for each name).  Not applicable

#1 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year)			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Present <input type="checkbox"/> Est.	

#2 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year)			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Present <input type="checkbox"/> Est.	

#3 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year)			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Present <input type="checkbox"/> Est.	

#4 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year)			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Present <input type="checkbox"/> Est.	

Provide country(ies) of citizenship.		Provide date when you entered into your civil marriage, civil union, or domestic partnership. (Month/Day/Year)
Country #1	Country #2	<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 17 - Marital/Relationship Status - (Continued)

**17.1** Complete the following if you selected "currently in a civil marriage," "legally recognized civil union," or "legally recognized domestic partnership" or "Separated." Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated. (Continued)

Provide location. (Provide City and Country if outside the United States; otherwise, provide City or County and State.)

City	County	State	Country
------	--------	-------	---------

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country	<input type="checkbox"/> Use my current address
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Provide telephone number. Extension  Day  Use my current telephone number

Night  International or DSN phone number

Provide email address.

Does the person have an APO/FPO address within the United States?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

If you have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

Are you separated?

<input type="checkbox"/> YES →	Provide date of separation. (Month/Day/Year)
<input type="checkbox"/> NO	<input type="checkbox"/> Est.

If legally separated, provide the location of the record.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City	State	Zip Code	Country
------	-------	----------	---------

Not Applicable

Enter your Social Security Number before going to the next page →



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 17 - Marital/Relationship Status - (Continued)

**17.2** Complete the following if you selected "**divorced/dissolved**", "**annulled**", or "**widowed**". Provide information about any person from whom you are divorced/dissolved, annulled, or widowed.

**Entry #1**

Provide the full name.			Provide the date of birth. <i>(Month/Day/Year)</i>	
Last name	First name	Middle name	Suffix	<input type="checkbox"/> Est.
Provide the place of birth.				
City	State	Zip Code	Country <i>(Required)</i>	
Provide the country(ies) of citizenship.				
Country #1	Country #2			
Provide telephone number.	Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. <i>(Month/Day/Year)</i>			
<input type="checkbox"/> I don't know	<input type="checkbox"/> Est.			
Provide the location. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Country.)</i>				
City	State	Country		
Provide the status.			Provide the date divorced/dissolved, annulled or widowed. <i>(Month/Day/Year)</i>	
<input type="checkbox"/> Divorced/Dissolved	<input type="checkbox"/> Widowed	<input type="checkbox"/> Annulled	<input type="checkbox"/> Est.	
Provide where the record of divorce/dissolution or annulment is located. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i>				
City	State	Zip Code	Country	
Is this person deceased?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If NO, complete (a))</i> <input type="checkbox"/> I don't know				
<b>(a)</b> Provide last known address of the person from whom you are divorced/dissolved or annulled. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i> <input type="checkbox"/> I don't know				
Street	City	State	Zip Code	Country

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 17 - Marital/Relationship Status - (Continued)**

**17.2** Complete the following if you selected "**divorced/dissolved**", "**annulled**", or "**widowed**". Provide information about any person from whom you are divorced/dissolved, annulled, or widowed.

**Entry #2**

Provide the full name.			Provide the date of birth. <i>(Month/Day/Year)</i>	
Last name	First name	Middle name	Suffix	<input type="checkbox"/> Est.
Provide the place of birth.				
City	State	Zip Code	Country <i>(Required)</i>	
Provide the country(ies) of citizenship.				
Country #1	Country #2			
Provide telephone number.		Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. <i>(Month/Day/Year)</i>		
<input type="checkbox"/> I don't know		<input type="checkbox"/> Est.		
Provide the location. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Country.)</i>				
City	State	Country		
Provide the status.		Provide the date divorced, annulled or widowed. <i>(Month/Day/Year)</i>		
<input type="checkbox"/> Divorced/Dissolved <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled		<input type="checkbox"/> Est.		
Provide where the record of divorce/dissolution or annulment is located. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i>				
City	State	Zip Code	Country	
Is this person deceased?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If NO, complete (a))</i> <input type="checkbox"/> I don't know				
<b>(a)</b> Provide last known address of the person from whom you are divorced/dissolved or annulled. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i> <input type="checkbox"/> I don't know				
Street	City	State	Zip Code	Country

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 17 - Marital/Relationship Status - (Continued)**

**17.3** Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information.  YES  NO (If NO, proceed to Section 18)

Complete the following if you presently reside with a cohabitant.

**Entry #1**

Provide the cohabitant full name. Provide the date of birth.  
 Last name  First name  Middle name  Suffix  Date (Month/Day/Year)   Est.

Provide the place of birth.  
 City  State  Country (Required)

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	Not a U.S. Citizen: <input type="checkbox"/> I-551 Permanent Resident <input type="checkbox"/> U.S. Visa (red foil number) <input type="checkbox"/> I-766 Employment Authorization <input type="checkbox"/> I-20 Certificate of Eligibility for Non-Immigrant-F1-Student <input type="checkbox"/> I-94 Arrival-Departure Record <input type="checkbox"/> DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status <input type="checkbox"/> Other (Provide explanation)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide document number.  Provide document expiration date, if applicable. (Month/Day/Year)   Est. Provide your cohabitant's U.S. Social Security Number.   Not applicable

Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used).  Not applicable

#1 Last name  First name  Middle name  Suffix   
 Maiden name?  YES  NO From (Month/Year)   Est. To (Month/Year)   Est.  Present  Est.

#2 Last name  First name  Middle name  Suffix   
 Maiden name?  YES  NO From (Month/Year)   Est. To (Month/Year)   Est.  Present  Est.

#3 Last name  First name  Middle name  Suffix   
 Maiden name?  YES  NO From (Month/Year)   Est. To (Month/Year)   Est.  Present  Est.

#4 Last name  First name  Middle name  Suffix   
 Maiden name?  YES  NO From (Month/Year)   Est. To (Month/Year)   Est.  Present  Est.

Provide your cohabitant's country(ies) of citizenship. Provide date cohabitation residing with person began. (Month/Day/Year)  
 Country #1  Country #2

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 17 - Marital/Relationship Status - (Continued)**

Complete the following if you presently reside with a cohabitant.

**Entry #2**

Provide the cohabitant full name.

Last name	First name	Middle name	Suffix	Provide the date of birth. Date (Month/Day/Year)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> Est.

Provide the place of birth.

City	State	Country (Required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	Not a U.S. Citizen: <input type="checkbox"/> I-551 Permanent Resident <input type="checkbox"/> I-766 Employment Authorization <input type="checkbox"/> I-94 Arrival-Departure Record <input type="checkbox"/> Other (Provide explanation) <input type="checkbox"/> U.S. Visa (red foil number) <input type="checkbox"/> I-20 Certificate of Eligibility for Non-Immigrant-F1-Student <input type="checkbox"/> DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide document number.	Provide document expiration date, if applicable. (Month/Day/Year)	Provide your cohabitant's U.S. Social Security Number.
<input type="text"/>	<input type="text"/> <input type="checkbox"/> Est.	<input type="text"/> <input type="checkbox"/> Not applicable

Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used).	<input type="checkbox"/> Not applicable
------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------

#1 Last name	First name	Middle name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Maiden name?	From (Month/Year)	To (Month/Year)	Present
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/> <input type="checkbox"/> Est.	<input type="text"/> <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#2 Last name	First name	Middle name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Maiden name?	From (Month/Year)	To (Month/Year)	Present
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/> <input type="checkbox"/> Est.	<input type="text"/> <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#3 Last name	First name	Middle name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Maiden name?	From (Month/Year)	To (Month/Year)	Present
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/> <input type="checkbox"/> Est.	<input type="text"/> <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#4 Last name	First name	Middle name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Maiden name?	From (Month/Year)	To (Month/Year)	Present
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/> <input type="checkbox"/> Est.	<input type="text"/> <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

Provide your cohabitant's country(ies) of citizenship.	Provide date cohabitation residing with person began. (Month/Day/Year)
Country #1 <input type="text"/>	Country #2 <input type="text"/> <input type="text"/> <input type="text"/>

Enter your Social Security Number before going to the next page ➔

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 18 - Relatives

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)  
 Check all that apply.

- |                                     |                                                           |                                       |                                        |
|-------------------------------------|-----------------------------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Foster parent                    | <input type="checkbox"/> Sister       | <input type="checkbox"/> Half-sister   |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother  | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepchild                        | <input type="checkbox"/> Stepsister   | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Brother                          | <input type="checkbox"/> Half-brother | <input type="checkbox"/> Guardian      |

#### Entry #1

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
 Date (Month/Day/Year)

Provide your relative's place of birth.  
 City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

If mother, provide your mother's maiden name.

Same as listed

I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).

Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES  NO

Est.

Est.

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES  NO

Est.

Est.

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES  NO

Est.

Est.

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES  NO

Est.

Est.

Enter your Social Security Number before going to the next page



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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

Is your relative deceased?  YES (If YES, proceed to 18.3)  NO

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Does this relative have an APO/FPO address?

<input type="checkbox"/> YES →	Provide your relative's APO/FPO address.	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO	Address			
<input type="checkbox"/> I don't know				

**18.3** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.  
 OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of citizenship documentation and document number below:

Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350	Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	<input type="checkbox"/> Other (Provide explanation)
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------

Provide document number. Provide the name of the court that issued the Certificate of Naturalization.

Provide the address of the court that issued the Certificate of Naturalization.

Street	City	State	Zip Code
--------	------	-------	----------

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 18 - Relatives - (Continued)

**18.4** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

- |                                                         |                                                        |                                                                                           |                                                              |
|---------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> I-551 Permanent Resident       | <input type="checkbox"/> I-94 Arrival-Departure Record | <input type="checkbox"/> I-20 Certificate of Eligibility for Non-Immigrant-F1-Student     | Status: <input type="checkbox"/> Other (Provide explanation) |
| <input type="checkbox"/> I-766 Employment Authorization | <input type="checkbox"/> U.S. Visa (red foil number)   | <input type="checkbox"/> DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status |                                                              |

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- |                                                 |                                                        |                                                                                |
|-------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> In person              | <input type="checkbox"/> Telephone                     | <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc) |
| <input type="checkbox"/> Written correspondence | <input type="checkbox"/> Other (Provide explanation) ▶ |                                                                                |

Provide approximate frequency of contact.

- |                                 |                                    |                                                        |
|---------------------------------|------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Daily  | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Annually                      |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

*(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- |                                       |                                                                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES          | → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. |
| <input type="checkbox"/> NO           |                                                                                                                                                      |
| <input type="checkbox"/> I don't know |                                                                                                                                                      |

**18.5** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- |                                                 |                                                        |                                                                                |
|-------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> In person              | <input type="checkbox"/> Telephone                     | <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc) |
| <input type="checkbox"/> Written correspondence | <input type="checkbox"/> Other (Provide explanation) ▶ |                                                                                |

Provide approximate frequency of contact.

- |                                 |                                    |                                                        |
|---------------------------------|------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Daily  | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Annually                      |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- |                                       |                                                                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES          | → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. |
| <input type="checkbox"/> NO           |                                                                                                                                                      |
| <input type="checkbox"/> I don't know |                                                                                                                                                      |

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

**Entry #2**

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
 Date (Month/Day/Year)

Provide your relative's place of birth.  
 City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

If **mother**, provide your mother's maiden name.  Same as listed  I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

Is your relative deceased?  YES (If YES, proceed to 18.3)  NO

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Does this relative have an APO/FPO address?

<input type="checkbox"/> YES →	Provide your relative's APO/FPO address.			
<input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> I don't know				

**18.3** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR  
 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of citizenship documentation and document number below:

Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350	Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	<input type="checkbox"/> Other (Provide explanation)
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------

Provide document number. Provide the name of the court that issued the Certificate of Naturalization.

Provide the address of the court that issued the Certificate of Naturalization.

Street	City	State	Zip Code
--------	------	-------	----------

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 18 - Relatives - (Continued)

**18.4** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

- |                                                         |                                                        |                                                                                           |                                                              |
|---------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> I-551 Permanent Resident       | <input type="checkbox"/> I-94 Arrival-Departure Record | <input type="checkbox"/> I-20 Certificate of Eligibility for Non-Immigrant-F1-Student     | Status: <input type="checkbox"/> Other (Provide explanation) |
| <input type="checkbox"/> I-766 Employment Authorization | <input type="checkbox"/> U.S. Visa (red foil number)   | <input type="checkbox"/> DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status |                                                              |

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- |                                                 |                                                        |                                                                                |
|-------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> In person              | <input type="checkbox"/> Telephone                     | <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc) |
| <input type="checkbox"/> Written correspondence | <input type="checkbox"/> Other (Provide explanation) ▶ |                                                                                |

Provide approximate frequency of contact.

- |                                 |                                    |                                                        |
|---------------------------------|------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Daily  | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Annually                      |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

*(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- |                                       |                                                                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES          | → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. |
| <input type="checkbox"/> NO           |                                                                                                                                                      |
| <input type="checkbox"/> I don't know |                                                                                                                                                      |

**18.5** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- |                                                 |                                                        |                                                                                |
|-------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> In person              | <input type="checkbox"/> Telephone                     | <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc) |
| <input type="checkbox"/> Written correspondence | <input type="checkbox"/> Other (Provide explanation) ▶ |                                                                                |

Provide approximate frequency of contact.

- |                                 |                                    |                                                        |
|---------------------------------|------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Daily  | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Annually                      |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- |                                       |                                                                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES          | → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. |
| <input type="checkbox"/> NO           |                                                                                                                                                      |
| <input type="checkbox"/> I don't know |                                                                                                                                                      |

Entry #2

Entry #2

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

**Entry #3**

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
 Date (Month/Day/Year)

Provide your relative's place of birth.  
 City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

If **mother**, provide your mother's maiden name.

Same as listed

I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).

Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?  
 YES  NO

From (Month/Year)

Est.

To (Month/Year)

Present  
 Est.

Provide the reason(s) why the name changed.

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?  
 YES  NO

From (Month/Year)

Est.

To (Month/Year)

Present  
 Est.

Provide the reason(s) why the name changed.

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?  
 YES  NO

From (Month/Year)

Est.

To (Month/Year)

Present  
 Est.

Provide the reason(s) why the name changed.

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?  
 YES  NO

From (Month/Year)

Est.

To (Month/Year)

Present  
 Est.

Provide the reason(s) why the name changed.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

Is your relative deceased?  YES (If YES, proceed to 18.3)  NO

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Does this relative have an APO/FPO address?

<input type="checkbox"/> YES →	Provide your relative's APO/FPO address.	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO	Address			
<input type="checkbox"/> I don't know				

**18.3** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.  
 OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of citizenship documentation and document number below:

Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350	Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	<input type="checkbox"/> Other (Provide explanation)
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Provide document number. Provide the name of the court that issued the Certificate of Naturalization.

Provide the address of the court that issued the Certificate of Naturalization.

Street	City	State	Zip Code
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Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 18 - Relatives - (Continued)

**18.4** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

- |                                                         |                                                        |                                                                                           |                                                              |
|---------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> I-551 Permanent Resident       | <input type="checkbox"/> I-94 Arrival-Departure Record | <input type="checkbox"/> I-20 Certificate of Eligibility for Non-Immigrant-F1-Student     | Status: <input type="checkbox"/> Other (Provide explanation) |
| <input type="checkbox"/> I-766 Employment Authorization | <input type="checkbox"/> U.S. Visa (red foil number)   | <input type="checkbox"/> DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status |                                                              |

Provide document number	Provide document expiration date. (Month/Day/Year) <input type="checkbox"/> Est.	Provide approximate date of first contact. (Month/Year) <input type="checkbox"/> Est.	Provide approximate date of last contact. (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
-------------------------	-------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

Provide methods of contact (Check all that apply).

- |                                                 |                                                        |                                                                                |
|-------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> In person              | <input type="checkbox"/> Telephone                     | <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc) |
| <input type="checkbox"/> Written correspondence | <input type="checkbox"/> Other (Provide explanation) ▶ |                                                                                |

Provide approximate frequency of contact.

- |                                 |                                    |                                                        |
|---------------------------------|------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Daily  | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Annually                      |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name  
 I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

*(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- |                                       |                                                                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES          | → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. |
| <input type="checkbox"/> NO           |                                                                                                                                                      |
| <input type="checkbox"/> I don't know |                                                                                                                                                      |

**18.5** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year) <input type="checkbox"/> Est.	Provide approximate date of last contact. (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

Provide methods of contact (Check all that apply).

- |                                                 |                                                        |                                                                                |
|-------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> In person              | <input type="checkbox"/> Telephone                     | <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc) |
| <input type="checkbox"/> Written correspondence | <input type="checkbox"/> Other (Provide explanation) ▶ |                                                                                |

Provide approximate frequency of contact.

- |                                 |                                    |                                                        |
|---------------------------------|------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Daily  | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Annually                      |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name  
 I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  I don't know

Street	City	State	Zip Code	Country
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Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- |                                       |                                                                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES          | → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. |
| <input type="checkbox"/> NO           |                                                                                                                                                      |
| <input type="checkbox"/> I don't know |                                                                                                                                                      |

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

**Entry #4**

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
 Date (Month/Day/Year)

Provide your relative's place of birth.  
 City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

If **mother**, provide your mother's maiden name.  Same as listed  I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 18 - Relatives - (Continued)

Is your relative deceased?  YES (If YES, proceed to 18.3)  NO

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Does this relative have an APO/FPO address?

<input type="checkbox"/> YES →	Provide your relative's APO/FPO address.	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO	Address			
<input type="checkbox"/> I don't know				

**18.3** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR  
 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of citizenship documentation and document number below:

Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350	Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	<input type="checkbox"/> Other (Provide explanation)
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------

Provide document number. Provide the name of the court that issued the Certificate of Naturalization.

Provide the address of the court that issued the Certificate of Naturalization.

Street	City	State	Zip Code
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Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 18 - Relatives - (Continued)

**18.4** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

- I-551 Permanent Resident     I-94 Arrival-Departure Record     I-20 Certificate of Eligibility for Non-Immigrant-F1-Student     Other (Provide explanation)
- I-766 Employment Authorization     U.S. Visa (red foil number)     DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Status:

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	<input type="checkbox"/> Present
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person     Telephone     Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence     Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily     Monthly     Annually
- Weekly     Quarterly     Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES     NO     I don't know
- Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

**18.5** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person     Telephone     Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence     Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily     Monthly     Annually
- Weekly     Quarterly     Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES     NO     I don't know
- Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

Enter your Social Security Number before going to the next page





# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

**Entry #5**

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
 Date (Month/Day/Year)

Provide your relative's place of birth.  
 City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

If **mother**, provide your mother's maiden name.  Same as listed  I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

Is your relative deceased?  YES (If YES, proceed to 18.3)  NO

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

<b>Entry #5</b>	Provide your relative's current address. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i>				
	Street	City	State	Zip Code	Country
Does this relative have an APO/FPO address?					
<input type="checkbox"/> YES → Provide your relative's APO/FPO address. <input type="checkbox"/> NO Address <span style="margin-left: 100px;">APO or FPO</span> <span style="margin-left: 100px;">APO/FPO State Code</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> I don't know					

**18.3** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.  
 OR  
 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

<b>Entry #5</b>	Provide one type of citizenship documentation and document number below:			
	Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350	Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	<input type="checkbox"/> Other (Provide explanation)
Provide document number.		Provide the name of the court that issued the Certificate of Naturalization.		
Provide the address of the court that issued the Certificate of Naturalization.				
Street		City	State	Zip Code

Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 18 - Relatives - (Continued)

**18.4** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

- I-551 Permanent Resident     I-94 Arrival-Departure Record     I-20 Certificate of Eligibility for Non-Immigrant-F1-Student     Other (Provide explanation)
- I-766 Employment Authorization     U.S. Visa (red foil number)     DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Status:

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	<input type="checkbox"/> Present
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person     Telephone     Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence     Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily     Monthly     Annually
- Weekly     Quarterly     Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country
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Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES     NO     I don't know
- Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

**18.5** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person     Telephone     Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence     Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily     Monthly     Annually
- Weekly     Quarterly     Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES     NO     I don't know
- Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 18 - Relatives - (Continued)**

**Entry #6**

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
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Provide your relative's date of birth.  
 Date (Month/Day/Year)

Provide your relative's place of birth.  
 City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

If **mother**, provide your mother's maiden name.

Same as listed

I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).

Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES  NO

Est.

Est.

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES  NO

Est.

Est.

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES  NO

Est.

Est.

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES  NO

Est.

Est.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 18 - Relatives - (Continued)

Is your relative deceased?  YES (If YES, proceed to 18.3)  NO

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Does this relative have an APO/FPO address?

<input type="checkbox"/> YES →	Provide your relative's APO/FPO address.	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO	Address			
<input type="checkbox"/> I don't know				

**18.3** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR  
 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of citizenship documentation and document number below:

Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350	Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	<input type="checkbox"/> Other (Provide explanation)
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------

Provide document number. Provide the name of the court that issued the Certificate of Naturalization.

Provide the address of the court that issued the Certificate of Naturalization.

Street	City	State	Zip Code
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Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 18 - Relatives - (Continued)

**18.4** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

- I-551 Permanent Resident     I-94 Arrival-Departure Record     I-20 Certificate of Eligibility for Non-Immigrant-F1-Student     Other (Provide explanation)
- I-766 Employment Authorization     U.S. Visa (red foil number)     DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Status:

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	<input type="checkbox"/> Present
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person     Telephone     Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence     Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily     Monthly     Annually
- Weekly     Quarterly     Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES     NO     I don't know
- Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

**18.5** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person     Telephone     Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence     Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily     Monthly     Annually
- Weekly     Quarterly     Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES     NO     I don't know
- Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 19 - Foreign Contacts**

A foreign national is defined as any person who is not a citizen or national of the U.S.

Do you have, or have you had, close and/or continuing contact with a foreign national within **the last seven (7) years** with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.  YES  NO (If NO, proceed to Section 20A)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

**Entry #1**

Provide the full name of the foreign national, if known.  I don't know  
 Last name | First name | Middle name | Suffix | Explanation if name is unknown

---

Provide approximate date of first contact. (Month/Year)  Est. | Provide approximate date of last contact. (Month/Year)  Est.

---

Provide methods of contact (Check all that apply).  
 In person  Telephone  Electronic (Such as e-mail, texting, chat rooms, etc)  
 Written correspondence  Other (Provide explanation) ▶

---

Provide approximate frequency of contact.  
 Daily  Monthly  Annually  
 Weekly  Quarterly  Other (Provide explanation) ▶

---

Provide the nature of relationship (Check all that apply).  
 Professional or Business  Personal (Such as family ties, friendship, affection, common interests, etc)  
 Obligation (Provide explanation) ▶  Other (Provide explanation) ▶

---

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

---

Provide country(ies) of citizenship.  
 Country #1 | Country #2

---

Provide date of birth.  I don't know  Est. | Provide place of birth.  I don't know  
 (Month/Day/Year) | City | Country (If country unknown, requires explanation)

---

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  I don't know  
 Street | City | State | Zip Code | Country

---

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.  
 YES  NO  I don't know  
 Address | APO or FPO | APO/FPO State Code | Zip Code

---

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.  
 Employer name  I don't know

---

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  I don't know  
 Street | City | State | Zip Code | Country

---

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?  
 YES  NO  I don't know  
 Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

#### Entry #2

Provide the full name of the foreign national, if known.

Last name	First name	Middle name	Suffix	<input type="checkbox"/> I don't know Explanation if name is unknown
-----------	------------	-------------	--------	-------------------------------------------------------------------------

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

<input type="checkbox"/> In person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc)
<input type="checkbox"/> Written correspondence	<input type="checkbox"/> Other (Provide explanation) ▶	

Provide approximate frequency of contact.

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

<input type="checkbox"/> Professional or Business	<input type="checkbox"/> Personal (Such as family ties, friendship, affection, common interests, etc)
<input type="checkbox"/> Obligation (Provide explanation) ▶	<input type="checkbox"/> Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1	Country #2
------------	------------

Provide date of birth. (Month/Day/Year)	Provide place of birth.
<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	City
	Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO	<input type="checkbox"/> I don't know			

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name	<input type="checkbox"/> I don't know
---------------	---------------------------------------

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

<input type="checkbox"/> YES →	Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
<input type="checkbox"/> NO	<input type="checkbox"/> I don't know

Enter your Social Security Number before going to the next page →

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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 19 - Foreign Contacts - (Continued)**

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

**Entry #3**

Provide the full name of the foreign national, if known.

Last name	First name	Middle name	Suffix	<input type="checkbox"/> I don't know Explanation if name is unknown
-----------	------------	-------------	--------	-------------------------------------------------------------------------

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

<input type="checkbox"/> In person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc)
<input type="checkbox"/> Written correspondence	<input type="checkbox"/> Other (Provide explanation) ▶	

Provide approximate frequency of contact.

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

<input type="checkbox"/> Professional or Business	<input type="checkbox"/> Personal (Such as family ties, friendship, affection, common interests, etc)
<input type="checkbox"/> Obligation (Provide explanation) ▶	<input type="checkbox"/> Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1	Country #2
Provide date of birth. <input type="checkbox"/> I don't know (Month/Day/Year)	Provide place of birth. <input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	City <span style="margin-left: 20px;">Country (If country unknown, requires explanation)</span>

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO	<input type="checkbox"/> I don't know			

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name  I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

<input type="checkbox"/> YES →	Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
<input type="checkbox"/> NO	<input type="checkbox"/> I don't know

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

#### Entry #4

Provide the full name of the foreign national, if known.  I don't know

Last name | First name | Middle name | Suffix | Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)  Est. | Provide approximate date of last contact. (Month/Year)  Est.

Provide methods of contact (Check all that apply).

- In person       Telephone       Electronic (Such as e-mail, texting, chat rooms, etc)  
 Written correspondence       Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily       Monthly       Annually  
 Weekly       Quarterly       Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

- Professional or Business       Personal (Such as family ties, friendship, affection, common interests, etc)  
 Obligation (Provide explanation) ▶       Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1 | Country #2

Provide date of birth.  I don't know | Provide place of birth.  I don't know  
 (Month/Day/Year)  Est. | City | Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  I don't know

Street | City | State | Zip Code | Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

- YES → Address | APO or FPO | APO/FPO State Code | Zip Code  
 NO     I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name  I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  I don't know

Street | City | State | Zip Code | Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

- YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.  
 NO     I don't know

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20A - Foreign Activities

**20A.1** Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children  YES  NO (If NO, proceed to 20A.2) **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)

**Entry #1**

Specify (Check all that apply):  Yourself  Spouse or legally recognized civil union/domestic partner  Cohabitant  Dependent children

Provide the type of financial interest. Provide the date acquired. (Month/Day/Year)

Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition.

Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of:

Est.

Est.

Provide the date control or ownership was relinquished. (Month/Day/Year)  
 Date

Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.

Est.

Not Applicable

Are there any co-owners of this foreign financial interest?

YES  NO

**#1** Provide full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide your co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

**#2** Provide full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide your co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20A - Foreign Activities (Continued)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)

**Entry #2**

Specify (Check all that apply):  Yourself  Spouse or legally recognized civil union/domestic partner  Cohabitant  Dependent children

Provide the type of financial interest. \_\_\_\_\_ Provide the date acquired. (Month/Day/Year) \_\_\_\_\_  
 Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.). \_\_\_\_\_

Provide the cost (in U.S. dollars) at time of acquisition. \_\_\_\_\_ Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of: \_\_\_\_\_  
 Est.  Est.

Provide the date control or ownership was relinquished. (Month/Day/Year) \_\_\_\_\_ Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of. \_\_\_\_\_  
 Date  Est.  Not Applicable

Are there any co-owners of this foreign financial interest?  
 YES  NO

**#1** Provide full name of co-owner.  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide your co-owner's country(ies) of citizenship.  
 Country #1 \_\_\_\_\_ Country #2 \_\_\_\_\_ Provide the nature of your relationship with the co-owner. \_\_\_\_\_

**#2** Provide full name of co-owner.  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide your co-owner's country(ies) of citizenship.  
 Country #1 \_\_\_\_\_ Country #2 \_\_\_\_\_ Provide the nature of your relationship with the co-owner. \_\_\_\_\_

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20A - Foreign Activities - (Continued)

**20A.2** Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf?  YES  NO (If NO, Proceed to 20A.3)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having **EVER** had any foreign financial interests that someone controlled on your behalf.

**Entry #1**

Specify: (Check all that apply):  Yourself  Spouse or legally recognized civil union/domestic partner  Cohabitant  Dependent children

Provide the type of financial interest.	Provide the name of the individual who controls this financial interest on your behalf. Last name	First name	Provide this individual's relationship to you.
-----------------------------------------	------------------------------------------------------------------------------------------------------	------------	------------------------------------------------

Provide details regarding how the financial interest was acquired (such as purchase, gift, etc.).	Provide the date this financial interest was acquired. (Month/Day/Year) <input type="checkbox"/> Est.	Provide the cost (in U.S. dollars) at time of acquisition. <input type="checkbox"/> Est.
---------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of. <input type="checkbox"/> Est.	Provide the date interest was sold, lost, or other wise disposed of. (Month/Day/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Not Applicable	Provide explanation if interest was sold, lost or otherwise disposed of.
-----------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

Are there any co-owners of this foreign financial interest controlled on your behalf?

YES  NO

**#1** Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

**#2** Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf.

**Entry #2**

Specify: (Check all that apply):  Yourself  Spouse or legally recognized civil union/domestic partner  Cohabitant  Dependent children

Provide the type of financial interest.	Provide the name of the individual who controls this financial interest on your behalf. Last name	First name	Provide this individual's relationship to you.
-----------------------------------------	------------------------------------------------------------------------------------------------------	------------	------------------------------------------------

Provide details regarding how the financial interest was acquired (such as purchase, gift, etc.).	Provide the date this financial interest was acquired. (Month/Day/Year)	Provide the cost (in U.S. dollars) at time of acquisition.
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of.	Provide the date interest was sold, lost, or other wise disposed of. (Month/Day/Year)	Provide explanation if interest was sold, lost or otherwise disposed of.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Not Applicable

Are there any co-owners of this foreign financial interest controlled on your behalf?

YES  NO

**#1** Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

**#2** Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 20A - Foreign Activities - (Continued)**

**20A.3** Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?  YES  NO (If NO, Proceed to 20A.4)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country.

**Entry #1**

Specify (Check all that apply):  Yourself  Spouse or legally recognized civil union/domestic partner  Cohabitant  Dependent children

Provide the type of real estate property (such as home, business, etc.).	Provide the location/address of property.		
	Street	City	Country
Provide the date of purchase or to be acquired. (Month/Day/Year) <input type="checkbox"/> Est.	Provide how the foreign real estate was or is to be acquired (such as purchase, gift, etc.).		Provide the date sold, if applicable. (Month/Day/Year) <input type="checkbox"/> Est.

Provide the cost (in U.S. dollars) when sold or expected at time of acquisition.  Est. Are/were/will there any co-owners of this foreign real estate?  YES  NO

**#1** Provide the full name of co-owner.

Last name	First name	Middle name	Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide the nature of your relationship with the co-owner.

**#2** Provide the full name of co-owner.

Last name	First name	Middle name	Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide the nature of your relationship with the co-owner.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country.

**Entry #2**

Specify (Check all that apply):  Yourself  Spouse or legally recognized civil union/domestic partner  Cohabitant  Dependent children

Provide the type of real estate property (such as home, business, etc.).	Provide the location/address of property.		
	Street	City	Country

Provide the date of purchase or to be acquired. (Month/Day/Year)  <input type="checkbox"/> Est.	Provide how the foreign real estate was or is to be acquired (such as purchase, gift, etc.).	Provide the date sold, if applicable. (Month/Day/Year)  <input type="checkbox"/> Est.
-------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

Provide the cost (in U.S. dollars) when sold or expected at time of acquisition.  <input type="checkbox"/> Est.	Are/were/will there any co-owners of this foreign real estate?  <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------

**#1** Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide the nature of your relationship with the co-owner.
------------	------------	------------------------------------------------------------

**#2** Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide the nature of your relationship with the co-owner.
------------	------------	------------------------------------------------------------

Enter your Social Security Number before going to the next page →



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20A - Foreign Activities - (Continued)

**20A.4** As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received **in the last seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?  YES  NO (If NO, Proceed to 20A.5)

Complete the following if you responded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received **in the last seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

**Entry #1**

Specify (Check all that apply)  Yourself  Spouse or legally recognized civil union/domestic partner  Cohabitant  Dependent children

Provide the type of benefit.  Educational  Medical  Retirement  Social Welfare  
 Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit.  Onetime benefit (Complete (a))  Future benefit (Complete (b))  Continuing benefit (Complete (c))  
 Other (Complete (c)) (Provide explanation) ▶

**(a)** If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.  
 NO

**(b)** If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.  
 NO

**(c)** If have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a **continuing** or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.  
 Annually  Monthly  Other (Provide explanation) ▶  
 Quarterly  Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.  
 NO

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

**Entry #2**

Specify (Check all that apply)  Yourself  Spouse or legally recognized civil union/domestic partner  Cohabitant  Dependent children

Provide the type of benefit.  Educational  Medical  Retirement  Social Welfare  
 Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit.  Onetime benefit (Complete (a))  Future benefit (Complete (b))  Continuing benefit (Complete (c))  
 Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.  
 NO

(b) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.  
 NO

(c) If have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a continuing or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.  
 Annually  Monthly  Other (Provide explanation) ▶  
 Quarterly  Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.  
 NO

Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 20A - Foreign Activities - (Continued)

**20A.5** Have you **EVER** provided financial support for any foreign national?

YES  NO (If NO, proceed to 20B)

Complete the following if you responded 'Yes' to providing financial support for any foreign national.

### Entry #1

Provide the name of the foreign national you support or have supported financially.

Last name | First name | Middle name | Suffix

Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street | City | State | Zip Code | Country

Provide the nature of your relationship with the foreign national listed above. | Provide the amount (in U.S. dollars) of all financial support provided.

Est.

Provide the frequency of your support.

Provide this foreign national's country(ies) of citizenship.

Country #1

Country #2

### Entry #2

Provide the name of the foreign national you support or have supported financially.

Last name | First name | Middle name | Suffix

Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street | City | State | Zip Code | Country

Provide the nature of your relationship with the foreign national listed above. | Provide the amount (in U.S. dollars) of all financial support provided.

Est.

Provide the frequency of your support.

Provide this foreign national's country(ies) of citizenship.

Country #1

Country #2

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts

**20B.1** Have you **in the last seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer?  YES  NO (If NO, proceed to 20B.2)  
(Answer "No" if **all** your advice or support was authorized pursuant to official U.S. Government business.)

Complete the following if you responded "Yes" to having **in the last seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer.

### Entry #1

Provide a description of advice/support provided.	Provide the name of the individual to whom advice or support was provided.			
	Last name	First name	Middle name	Suffix
Provide the name of the foreign organization or foreign business with whom the individual is associated.	Provide the country of origin for the organization or business.			
Provide the date(s) during which this advice or support was provided.	Describe what compensation, if any, was provided for your service.			
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present		
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.		

### Entry #2

Provide a description of advice/support provided.	Provide the name of the individual to whom advice or support was provided.			
	Last name	First name	Middle name	Suffix
Provide the name of the foreign organization or foreign business with whom the individual is associated.	Provide the country of origin for the organization or business.			
Provide the date(s) during which this advice or support was provided.	Describe what compensation, if any, was provided for your service.			
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present		
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.		

For this question, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

**20B.2** Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family **in the last seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency?  YES  NO (If NO, proceed to 20B.3)  
(Answer 'No' if **all** the advice or support was authorized pursuant to official U.S. Government business.)

Complete the following if you responded "Yes" to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family having **in the last seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency.

### Entry #1

Provide the name of the government official.	First name			Middle name	Suffix
Last name					
Provide the name of the agency.	Provide the country with which the government official or agency is affiliated.				
Provide the date of the request. (Month/Year)	Provide the circumstances of request.				
<input type="checkbox"/> Est.					

### Entry #2

Provide the name of the government official.	First name			Middle name	Suffix
Last name					
Provide the name of the agency.	Provide the country with which the government official or agency is affiliated.				
Provide the date of the request. (Month/Year)	Provide the circumstances of request.				
<input type="checkbox"/> Est.					

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)**

**20B.3** Has any foreign national in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them?  YES  NO (If NO, proceed to 20B.4)

Complete the following if you responded 'Yes' to any foreign national having in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them.

**Entry #1**

Provide the name of the foreign national who made the offer.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide a description of the position offered.

Provide the date when this offer was extended. (Month/Year)

Est.

Did you accept the offer?

YES Explanation ▶

NO Explanation ▶

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country
------	-------	----------	---------

**Entry #2**

Provide the name of the foreign national who made the offer.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide a description of the position offered.

Provide the date when this offer was extended. (Month/Year)

Est.

Did you accept the offer?

YES Explanation ▶

NO Explanation ▶

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country
------	-------	----------	---------

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)**

**20B.4** Have you in the last seven (7) years been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?  YES  NO (If NO, proceed to 20B.5)

Complete the following if you responded 'Yes' to having in the last seven (7) years been involved in any other type of business venture with a foreign national not described above.

**Entry #1**

Provide the full name of this foreign national.

Last name | First name | Middle name | Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street | City | State | Zip Code | Country

Provide the citizenship(s) of this foreign national.

Country #1 | Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year) | To Date (Month/Year) |  Present  
 Est. |  Est.

Provide the nature of association with this business venture.

Provide the position you held.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

**Entry #2**

Provide the full name of this foreign national.

Last name | First name | Middle name | Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street | City | State | Zip Code | Country

Provide the citizenship(s) of this foreign national.

Country #1 | Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year) | To Date (Month/Year) |  Present  
 Est. |  Est.

Provide the nature of association with this business venture.

Provide the position you held.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

**20B.5** Have you **in the last seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)  YES  NO (If NO, proceed to 20B.6)

Complete the following if you responded 'Yes' to **in the last seven (7) years** having attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.

### Entry #1

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the purpose of the event.
--------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
----------------------------------------------	--------------------------------------------	-----------------------------------------------

Was there any subsequent contact with any foreign nationals as a result of the event?

YES



Provide explanation for each contact.

Contact #1 explanation \_\_\_\_\_

NO

Contact #2 explanation \_\_\_\_\_

Contact #3 explanation \_\_\_\_\_

Contact #4 explanation \_\_\_\_\_

### Entry #2

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the purpose of the event.
--------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
----------------------------------------------	--------------------------------------------	-----------------------------------------------

Was there any subsequent contact with any foreign nationals as a result of the event?

YES



Provide explanation for each contact.

Contact #1 explanation \_\_\_\_\_

NO

Contact #2 explanation \_\_\_\_\_

Contact #3 explanation \_\_\_\_\_

Contact #4 explanation \_\_\_\_\_

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

For this question, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step- siblings, children, step-children, and cohabitant.

**20B.6** Have you or any member of your immediate family in the last seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.)  YES  NO (If NO, Proceed to 20B.7)

Complete the following if you responded 'Yes' to you or any member of your immediate family having in the last seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.

**Entry #1**

Provide the name of the individual involved in the contact.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country
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Provide the date of contact.  
 (Month/Year)

Provide the foreign government(s) involved.

Country #1	Country #2
------------	------------

Est.

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

Provide the names of the foreign representatives involved in contact.

Provide the purpose/circumstances of contact.

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

YES →

NO

Provide the purpose of the subsequent contact	Provide date of most recent contact (Month/Day/Year)	Provide plans for future contact

**Entry #2**

Provide the name of the individual involved in the contact.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country
------	-------	----------	---------

Provide the date of contact.  
 (Month/Year)

Provide the foreign government(s) involved.

Country #1	Country #2
------------	------------

Est.

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

Provide the names of the foreign representatives involved in contact.

Provide the purpose/circumstances of contact.

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

YES →

NO

Provide the purpose of the subsequent contact	Provide date of most recent contact (Month/Day/Year)	Provide plans for future contact

Enter your Social Security Number before going to the next page →



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

**20B.7** Have you in the last seven (7) years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?  YES  NO (If NO, proceed to 20B.8)

Complete the following if you responded 'Yes' to in the last seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

### Entry #1

Provide the name of the sponsored foreign national.

Last name | First name | Middle name | Suffix

Provide the date of birth for the sponsored foreign national.

Date (Month/Year)  I don't know  
 Est.

Provide the place of birth for the sponsored foreign national.

City | State | Zip Code | Country (Required)

Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide the country(ies) of citizenship for the sponsored foreign national.

Country #1 | Country #2 | Provide the name of the organization through which sponsorship was arranged, if applicable.  Not Applicable

Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country  Not Applicable

Provide the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year) | To Date (Month/Year)  Present  
 Est. |  Est.

Provide the address of the sponsored foreign national while residing in the U.S.

Street | City | State | Zip Code

Provide the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

Complete the following if you responded 'Yes' to in the last seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

### Entry #2

Provide the name of the sponsored foreign national.

Last name | First name | Middle name | Suffix

Provide the date of birth for the sponsored foreign national.

Date (Month/Year)  I don't know  
 Est.

Provide the place of birth for the sponsored foreign national.

City | State | Zip Code | Country (Required)

Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide the country(ies) of citizenship for the sponsored foreign national.

Country #1 | Country #2 | Provide the name of the organization through which sponsorship was arranged, if applicable.  Not Applicable

Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country  Not Applicable

Provide the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year)  Est. | To Date (Month/Year)  Present  
 Est. |  Est.

Provide the address of the sponsored foreign national while residing in the U.S.

Street | City | State | Zip Code

Provide the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)**

**20B.8** Have you **EVER** held political office in a foreign country?  YES  NO (If NO, proceed to 20B.9)

Complete the following if you responded 'Yes' to having **EVER** held political office in a foreign country.

**Entry #1**

Provide the position held.	Provide the dates you held political office. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the name of the country involved.
----------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

Provide the reason(s) for these activities.	Provide your current eligibility to hold political office in a foreign country.
---------------------------------------------	---------------------------------------------------------------------------------

**Entry #2**

Provide the position held.	Provide the dates you held political office. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the name of the country involved.
----------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

Provide the reason(s) for these activities.	Provide your current eligibility to hold political office in a foreign country.
---------------------------------------------	---------------------------------------------------------------------------------

**20B.9** Have you **EVER** voted in the election of a foreign country?  YES  NO (If NO, Proceed to 20C)

Complete the following if you responded 'Yes' to having **EVER** voted in the election of a foreign country.

**Entry #1**

Provide the date you voted in the foreign election. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the country involved.
------------------------------------------------------------------------------------------------	-------------------------------------------

Provide the reason(s) for these activities.	Provide your current eligibility to vote in a foreign country.
---------------------------------------------	----------------------------------------------------------------

**Entry #2**

Provide the date you voted in the foreign election. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the country involved.
------------------------------------------------------------------------------------------------	-------------------------------------------

Provide the reason(s) for these activities.	Provide your current eligibility to vote in a foreign country.
---------------------------------------------	----------------------------------------------------------------

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 20C - Foreign Travel

Have you traveled outside the U.S. in the last seven (7) years?  YES  NO (If NO, proceed to Section 21)

Has your travel in the last seven (7) years been solely for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)?  YES (If YES, proceed to Section 21)  NO

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

### Entry #1

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.	Provide the total number of days involved in the visit. <input type="checkbox"/> 1-5 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 30 <input type="checkbox"/> 6-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> Many short trips
------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the purpose of the travel to this country (Check all that apply).

- Business/Professional conference  Education  Trade shows, conferences, and seminars  Other  
 Volunteer activities  Tourism  Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

- YES → If yes, provide explanation.  
 NO

While traveling to or in this country, were you involved in any encounter with the police?

- YES → If yes, provide explanation.  
 NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES → If yes, provide explanation.  
 NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

- YES → If yes, provide explanation.  
 NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

- YES → If yes, provide explanation.  
 NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

- YES → If yes, provide explanation.  
 NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

- YES → If yes, provide explanation.  
 NO

Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

### Entry #2

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the total number of days involved in the visit. <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Many short trips
------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the purpose of the travel to this country (Check all that apply).

- Business/Professional conference     Education     Trade shows, conferences, and seminars     Other  
 Volunteer activities     Tourism     Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

- YES     NO  
If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES     NO  
If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES     NO  
If yes, provide explanation.

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

- YES     NO  
If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

- YES     NO  
If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

- YES     NO  
If yes, provide explanation.

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

- YES     NO  
If yes, provide explanation.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 20C - Foreign Travel - (Continued)**

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

**Entry #3**

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> 1-5 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 30 <input type="checkbox"/> Est. <input type="checkbox"/> Est. <input type="checkbox"/> 6-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> Many short trips	Provide the total number of days involved in the visit.
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Provide the purpose of the travel to this country (Check all that apply).

<input type="checkbox"/> Business/Professional conference	<input type="checkbox"/> Education	<input type="checkbox"/> Trade shows, conferences, and seminars	<input type="checkbox"/> Other
<input type="checkbox"/> Volunteer activities	<input type="checkbox"/> Tourism	<input type="checkbox"/> Visit family or friends	

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

YES      →      If yes, provide explanation.  
 NO

While traveling to or in this country, were you involved in any encounter with the police?

YES      →      If yes, provide explanation.  
 NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

YES      →      If yes, provide explanation.  
 NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

YES      →      If yes, provide explanation.  
 NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

YES      →      If yes, provide explanation.  
 NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

YES      →      If yes, provide explanation.  
 NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

YES      →      If yes, provide explanation.  
 NO

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

**Entry #4**

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Present <div style="text-align: right;"><input type="checkbox"/> Est.</div>	Provide the total number of days involved in the visit. <input type="checkbox"/> 1-5 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 30 <input type="checkbox"/> 6-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> Many short trips <div style="text-align: right;"><input type="checkbox"/> Est.</div>
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Provide the purpose of the travel to this country (Check all that apply).

- |                                                           |                                    |                                                                 |                                |
|-----------------------------------------------------------|------------------------------------|-----------------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Business/Professional conference | <input type="checkbox"/> Education | <input type="checkbox"/> Trade shows, conferences, and seminars | <input type="checkbox"/> Other |
| <input type="checkbox"/> Volunteer activities             | <input type="checkbox"/> Tourism   | <input type="checkbox"/> Visit family or friends                |                                |

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

- YES       NO
- If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES       NO
- If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES       NO
- If yes, provide explanation.

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

- YES       NO
- If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

- YES       NO
- If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

- YES       NO
- If yes, provide explanation.

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

- YES       NO
- If yes, provide explanation.

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

**21A** Has a court or administrative agency **EVER** issued an order declaring you mentally incompetent?  YES  NO (If NO, proceed to Section 21B)

Complete the following if you responded **'Yes'** to having a court or administrative agency **EVER** issuing an order declaring you mentally incompetent.

#### Entry #1

Provide the date this occurred. (Month/Year)  Est. Provide the name of the court or administrative agency that declared you mentally incompetent.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Was this matter appealed to a higher court or administrative agency?

YES  NO

#### Appeal #1

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

#### Appeal #2

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
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Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 21A - Psychological and Emotional Health - (Continued)

Complete the following if you responded 'Yes' to having a court or administrative agency EVER issuing an order declaring you mentally incompetent.

### Entry #2

Provide the date this occurred. (Month/Year)  Est. Provide the name of the court or administrative agency that declared you mentally incompetent.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Was this matter appealed to a higher court or administrative agency?

YES  NO

### Appeal #1

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

### Appeal #2

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

### Entry #3

Provide the date this occurred. (Month/Year)  Est. Provide the name of the court or administrative agency that declared you mentally incompetent.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Was this matter appealed to a higher court or administrative agency?

YES  NO

### Appeal #1

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

### Appeal #2

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 21B - Psychological and Emotional Health - (Continued)

**21B** Has a court or administrative agency **EVER** ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)?  YES  NO (If NO, proceed to Section 21C)  
(An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)

Complete the following if you responded 'Yes' to having a court or administrative agency **EVER** ordered you to consult with a mental health professional.

### Entry #1

Provide the date this occurred.  Est. Provide the name of the court or administrative agency that ordered you to consult with a mental health professional.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the final disposition.

Was this matter appealed to a higher court or administrative agency?

YES  NO

### Appeal #1

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

### Appeal #2

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 21B - Psychological and Emotional Health - (Continued)

Complete the following if you responded 'Yes' to having a court or administrative agency **EVER** ordered you to consult with a mental health professional.

### Entry #2

Provide the date this occurred.  
(Month/Year)

Est.

Provide the name of the court or administrative agency that ordered you to consult with a mental health professional.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide the final disposition.

Was this matter appealed to a higher court or administrative agency?

YES  NO

### Appeal #1

Provide the name of the court or administrative agency.

Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

### Appeal #2

Provide the name of the court or administrative agency.

Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 21C - Psychological and Emotional Health - (Continued)**

**21C** Have you **EVER** been hospitalized for a mental health condition?  YES  NO (If NO, proceed to Section 21D)

Complete the following if you responded 'Yes' to having **EVER** been hospitalized for a mental health condition

**Entry #1**

Was the admission voluntary or involuntary? <input type="checkbox"/> Voluntary    Explanation ▶  <input type="checkbox"/> Involuntary    Explanation ▶	Provide the dates of treatment. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the facility where treatment was provided.

Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
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**Entry #2**

Was the admission voluntary or involuntary? <input type="checkbox"/> Voluntary    Explanation ▶  <input type="checkbox"/> Involuntary    Explanation ▶	Provide the dates of treatment. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the facility where treatment was provided.

Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

**Entry #3**

Was the admission voluntary or involuntary? <input type="checkbox"/> Voluntary    Explanation ▶  <input type="checkbox"/> Involuntary    Explanation ▶	Provide the dates of treatment. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the facility where treatment was provided.

Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

**Entry #4**

Was the admission voluntary or involuntary? <input type="checkbox"/> Voluntary    Explanation ▶  <input type="checkbox"/> Involuntary    Explanation ▶	Provide the dates of treatment. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the facility where treatment was provided.

Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
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Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 21D - Psychological and Emotional Health - (Continued)**

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

**21D** Have you **EVER** been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?  YES  NO (If NO, proceed to Section 21E)

Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional.

<b>Entry #1</b>	
Identify the diagnosis or health condition.	Provide the dates of diagnosis. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.	Provide the telephone number of the health care professional. Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	
Street	City State Zip Code Country
Provide the name of any agency/organization/facility where counseling/treatment was provided. <input type="checkbox"/> Same as above	Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) <input type="checkbox"/> Same as above	
Street	City State Zip Code Country
Was the counseling/treatment effective in managing your symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide explanation ▶	

<b>Entry #2</b>	
Identify the diagnosis or health condition.	Provide the dates of diagnosis. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.	Provide the telephone number of the health care professional. Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	
Street	City State Zip Code Country
Provide the name of any agency/organization/facility where counseling/treatment was provided. <input type="checkbox"/> Same as above	Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) <input type="checkbox"/> Same as above	
Street	City State Zip Code Country
Was the counseling/treatment effective in managing your symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide explanation ▶	

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 21D - Psychological and Emotional Health - (Continued)

Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional.

**Entry #3**

Identify the diagnosis or health condition.	Provide the dates of diagnosis. From Date(Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.	Provide the telephone number of the health care professional. Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	
Street	City State Zip Code Country
Provide the name of any agency/organization/facility where counseling/treatment was provided. <input type="checkbox"/> Same as above	Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) <input type="checkbox"/> Same as above	
Street	City State Zip Code Country
Was the counseling/treatment effective in managing your symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide explanation ▶	

**Entry #4**

Identify the diagnosis or health condition.	Provide the dates of diagnosis. From Date(Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.	Provide the telephone number of the health care professional. Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	
Street	City State Zip Code Country
Provide the name of any agency/organization/facility where counseling/treatment was provided. <input type="checkbox"/> Same as above	Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) <input type="checkbox"/> Same as above	
Street	City State Zip Code Country
Was the counseling/treatment effective in managing your symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide explanation ▶	

Enter your Social Security Number before going to the next page ➔

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 21D - Psychological and Emotional Health - (Continued)

In the last seven years, have there been any occasions when you did not consult with a medical professional before altering or discontinuing, or failing to start a prescribed course of treatment for any of the listed diagnoses?

YES  NO

**21D.1** Are you currently in treatment?

YES  NO (If NO, proceed to Section 21E)

Complete the following if you responded 'Yes' to currently being in treatment.

**Entry #1**

Provide the name of the health care professional providing such treatment.

Provide the telephone number of the health care professional.

Telephone number \_\_\_\_\_ Extension  Day  Night  
 International or DSN phone number

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Entry #2**

Provide the name of the health care professional providing such treatment.

Provide the telephone number of the health care professional.

Telephone number \_\_\_\_\_ Extension  Day  Night  
 International or DSN phone number

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Entry #3**

Provide the name of the health care professional providing such treatment.

Provide the telephone number of the health care professional.

Telephone number \_\_\_\_\_ Extension  Day  Night  
 International or DSN phone number

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Entry #4**

Provide the name of the health care professional providing such treatment.

Provide the telephone number of the health care professional.

Telephone number \_\_\_\_\_ Extension  Day  Night  
 International or DSN phone number

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 21E - Psychological and Emotional Health - (Continued)

Complete the following if you responded 'No' to 21A, 21B, 21C, and 21D (All). If 'Yes' was selected for either 21A, 21B, 21C, or 21D, proceed to Section 22.

**21E** Do you have a mental health or other health condition that **substantially adversely** affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today?  YES  NO

*(Note: If your judgment, reliability, or trustworthiness is not substantially adversely affected by a mental health or other condition, then you should answer "no" even if you have a mental health or other condition requiring treatment. For example, if you are in need of emotional or mental health counseling as a result of service as a first responder, service in a military combat environment, having been sexually assaulted or a victim of domestic violence, or marital issues, but your judgment, reliability or trustworthiness is not substantially adversely affected, then answer "no.")*

Complete the following if you responded 'Yes' to having a mental health condition that adversely affects your judgment, reliability, or trustworthiness.

Did you ever receive or are you currently receiving counseling or treatment for that condition? (You may choose not to answer this question. However, such consultation or treatment will not disqualify you and is considered to be a positive action.)

- YES  I decline to answer (If I decline to answer, proceed to Section 22)
- NO (If NO, provide explanation and proceed to Section 22). ▶

#### Entry #1

If you responded 'Yes' to having ever received or you are currently receiving counseling or treatment for that condition.

<p><b>#1</b> Provide the dates of counseling or treatment</p> <p>From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present</p> <p style="text-align: center;"><input type="checkbox"/> Est. <input type="checkbox"/> Est.</p>	<p>Provide the telephone number of the health care professional.</p> <p>Telephone number _____ Extension _____ <input type="checkbox"/> Day <input type="checkbox"/> Night</p> <p style="text-align: right;"><input type="checkbox"/> International or DSN phone number</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the health care professional.

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

<p>Provide the name of any agency/organization/facility where counseling/treatment was provided <input type="checkbox"/> Same as above</p>	<p>Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above</p> <p>Telephone number _____ Extension _____ <input type="checkbox"/> Day <input type="checkbox"/> Night</p> <p style="text-align: right;"><input type="checkbox"/> International or DSN phone number</p>
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Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Same as above

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

<p><b>#2</b> Provide the dates of counseling or treatment</p> <p>From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present</p> <p style="text-align: center;"><input type="checkbox"/> Est. <input type="checkbox"/> Est.</p>	<p>Provide the telephone number of the health care professional.</p> <p>Telephone number _____ Extension _____ <input type="checkbox"/> Day <input type="checkbox"/> Night</p> <p style="text-align: right;"><input type="checkbox"/> International or DSN phone number</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the health care professional.

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

<p>Provide the name of any agency/organization/facility where counseling/treatment was provided <input type="checkbox"/> Same as above</p>	<p>Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above</p> <p>Telephone number _____ Extension _____ <input type="checkbox"/> Day <input type="checkbox"/> Night</p> <p style="text-align: right;"><input type="checkbox"/> International or DSN phone number</p>
--------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Same as above

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Have you ever chosen not to follow a prescribed course of treatment for any of these conditions?

- YES If YES, provide explanation▶
- NO

Enter your Social Security Number before going to the next page





# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 21E - Psychological and Emotional Health - (Continued)

Complete the following if you responded 'Yes' to having a mental health condition that adversely affects your judgment, reliability, or trustworthiness.

### Entry #2

If you responded 'Yes' to having ever received or you are currently receiving counseling or treatment for that condition.

<b>#1</b> Provide the dates of counseling or treatment From Date (Month/Year) _____ To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.	Provide the telephone number of the health care professional. Telephone number _____ Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the health care professional.

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide the name of any agency/organization/facility where counseling/treatment was provided <input type="checkbox"/> Same as above	Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above Telephone number _____ Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
-------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Same as above

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

<b>#2</b> Provide the dates of counseling or treatment From Date (Month/Year) _____ To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.	Provide the telephone number of the health care professional. Telephone number _____ Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the name of the health care professional.

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide the name of any agency/organization/facility where counseling/treatment was provided <input type="checkbox"/> Same as above	Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above Telephone number _____ Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
-------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Same as above

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Have you ever chosen not to follow a prescribed course of treatment for any of these conditions?

- YES If YES, provide explanation ▶  
 NO

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 22 - Police Record**

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

- 22.1** Have any of the following happened? (If "Yes" you will be asked to provide details for each offense that pertains to the actions that are identified below.)  YES  NO (If NO, proceed to 22.2)
- **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
  - **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
  - **In the last seven (7) years** have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
  - **In the last seven (7) years** have you been or are you currently on probation or parole?
  - Are you currently on trial or awaiting a trial on criminal charges?

**Entry #1**

Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.

Est.

---

**(a)** Did this offense involve any of the following?

YES  NO

(Check all that apply.)

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

Involve firearms or explosives?

Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country

---

**(b)** Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

YES  NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

---

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country

---

**(c)** As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

YES → Provide the name of the court. ▶  
 (If YES, complete (c.1))

NO → Provide explanation ▶

---

**(c.1)** Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country

---

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 22 - Police Record - (Continued)**

Complete the following if you responded 'Yes' to one of the following:

- **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you?  
 (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the last seven (7) years** have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- **In the last seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

**(d)** Were you sentenced as a result of this offense?

YES (If YES, complete (d.1))     NO (If NO, complete (d.2))

**(d.1)**

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?  YES     NO

Were you incarcerated as a result of that sentence for not less than 1 year?  YES     NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.	<input type="checkbox"/> Not Applicable	From Date (Month/Year)		To Date (Month/Year)	<input type="checkbox"/> Present
		<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.	<input type="checkbox"/> Not Applicable	From Date (Month/Year)		To Date (Month/Year)	<input type="checkbox"/> Present
		<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

**(d.2)**

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?  YES     NO

Provide explanation.

Entry #1

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following:

- In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the last seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

#### Entry #2

Provide the date of offense. (Month/Year) \_\_\_\_\_ Provide a description of the specific nature of the offense.

Est.

(a) Did this offense involve any of the following?

YES  NO

(Check all that apply.)

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

YES  NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

YES → Provide the name of the court. ▶  
 (If YES, complete (c.1))

NO → Provide explanation ▶

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 22 - Police Record - (Continued)**

Complete the following if you responded 'Yes' to one of the following:

- **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the last seven (7) years** have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- **In the last seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

**(d)** Were you sentenced as a result of this offense?

YES (If YES, complete (d.1))       NO (If NO, complete (d.2))

**(d.1)**

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?  YES    NO

Were you incarcerated as a result of that sentence for not less than 1 year?  YES    NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.       Not Applicable      From Date (Month/Year)      To Date (Month/Year)       Present

Est.       Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.       Not Applicable      From Date (Month/Year)      To Date (Month/Year)       Present

Est.       Est.

**(d.2)**

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?  YES    NO

Provide explanation.

Entry #2

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 22 - Police Record - (Continued)**

**22.2** Other than those offenses already listed, have you **EVER** had the following happen to you?  YES  NO (If NO, proceed to 22.3)

- Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Have you **EVER** been charged with an offense involving firearms or explosives?
- Have you **EVER** been charged with an offense involving alcohol or drugs?

**Entry #1**

Provide the date of offense. (Month/Year)  Est. Provide a description of the specific nature of the offense.

**(a)** Did this offense involve any of the following?

YES  NO

(Check all that apply).

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

**(b)** Were you sentenced as a result of these charges?

YES (If YES, complete (b.1))  NO (If NO, complete (b.2))

**(b.1)**

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?  YES  NO

Were you incarcerated as a result of that sentence for not less than 1 year?  YES  NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.  Not Applicable From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  
 Est.  Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.  Not Applicable From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  
 Est.  Est.

**(b.2)**

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

YES  NO Provide explanation.

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 22 - Police Record - (Continued)**

**Entry #2**

Provide the date of offense. (Month/Year)  Est. Provide a description of the specific nature of the offense.

**(a)** Did this offense involve any of the following?

YES  NO

(Check all that apply).

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country
------	--------	-------	----------	---------

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

**(b)** Were you sentenced as a result of these charges?

YES (If YES, complete (b.1))  NO (If NO, complete (b.2))

**(b.1)**

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?  YES  NO

Were you incarcerated as a result of that sentence for not less than 1 year?  YES  NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.  Not Applicable From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.  Not Applicable From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

**(b.2)**

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

YES  NO Provide explanation.

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 22 - Police Record - (Continued)

**22.3** Is there currently a domestic violence protective order or restraining order issued against you?  YES  NO (If NO, proceed to Section 23)

Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you?

### Entry #1

Provide explanation.

Provide the date the order was issued. (Month/Year)  Est. | Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

### Entry #2

Provide explanation.

Provide the date the order was issued. (Month/Year)  Est. | Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

### Entry #3

Provide explanation.

Provide the date the order was issued. (Month/Year)  Est. | Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

### Entry #4

Provide explanation.

Provide the date the order was issued. (Month/Year)  Est. | Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 23 - Illegal Use of Drugs and Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity in accordance with Federal laws, even though permissible under state laws.

**23.1** In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.  YES  NO (If NO, proceed to 23.2)

Complete the following if you answered 'Yes' to in the last seven (7) years having illegally used a drug or controlled substance.

**Entry #1**

Provide the type of drug or controlled substance.

- |                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.)                 | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="checkbox"/> Other (Provide explanation) ▶                                         |

Provide an estimate of the month and year of first use. (Month/Year)	Provide an estimate of the month and year of most recent use. (Month/Year)	Provide nature of use, frequency, and number of times used.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your use while possessing a security clearance?  YES  NO

Do you intend to use this drug or controlled substance in the future?  YES  NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

**Entry #2**

Provide the type of drug or controlled substance.

- |                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.)                 | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="checkbox"/> Other (Provide explanation) ▶                                         |

Provide an estimate of the month and year of first use. (Month/Year)	Provide an estimate of the month and year of most recent use. (Month/Year)	Provide nature of use, frequency, and number of times used.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your use while possessing a security clearance?  YES  NO

Do you intend to use this drug or controlled substance in the future?  YES  NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

**23.2** In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?  YES  NO (If NO, proceed to 23.3)

Complete the following if you answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.

**Entry #1**

Provide the type of drug or controlled substance.

- |                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.)                 | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="checkbox"/> Other (Provide explanation) ▶                                         |

Provide an estimate of the month and year of first involvement. (Month/Year) _____ <input type="checkbox"/> Est.	Provide an estimate of the month and year of most recent involvement. (Month/Year) _____ <input type="checkbox"/> Est.	Provide the nature and frequency of activity. _____
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------

Provide the reason(s) why you engaged in the activity.  
 \_\_\_\_\_

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your involvement while possessing a security clearance?  YES  NO

Do you intend to engage in this activity in the future?

- YES → Provide explanation.  
 NO

**Entry #2**

Provide the type of drug or controlled substance.

- |                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.)                 | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="checkbox"/> Other (Provide explanation) ▶                                         |

Provide an estimate of the month and year of first involvement. (Month/Year) _____ <input type="checkbox"/> Est.	Provide an estimate of the month and year of most recent involvement. (Month/Year) _____ <input type="checkbox"/> Est.	Provide the nature and frequency of activity. _____
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------

Provide the reason(s) why you engaged in the activity.  
 \_\_\_\_\_

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your involvement while possessing a security clearance?  YES  NO

Do you intend to engage in this activity in the future?

- YES → Provide explanation.  
 NO

Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

**23.3** Have you **EVER** illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed?  YES  NO (If NO, proceed to 23.4)

Complete the following if you responded 'Yes' to having **EVER** illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed.

### Entry #1

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

### Entry #2

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

**23.4** Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?  YES  NO (If NO, proceed to 23.5)

Complete the following if you responded 'Yes' to having **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.

### Entry #1

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

### Entry #2

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

**23.5** In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?  YES  NO (If NO, proceed to 23.6)

Complete the following if you responded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

#### Entry #1

Provide the name of the prescription drug that you misused.

Provide the dates of involvement in the above.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your involvement while possessing a security clearance?  YES  NO

#### Entry #2

Provide the name of the prescription drug that you misused.

Provide the dates of involvement in the above.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your involvement while possessing a security clearance?  YES  NO

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

**23.6** Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?  YES  NO (If NO, proceed to 23.7)

Complete the following if you responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

### Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- |                                                                                          |                                                                                                                          |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge                                                                        |
| <input type="checkbox"/> A medical professional                                          | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. |
| <input type="checkbox"/> A mental health professional                                    |                                                                                                                          |

Provide explanation ▶

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

**(a)** You have indicated that you did not receive treatment.  
Provide explanation.

**(b)** You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- |                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.)                 | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="checkbox"/> Other (Provide explanation) ▶                                         |

Provide the name of the treatment provider.

Last name | First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide a telephone number for the treatment provider. | Extension |  International or DSN phone number |  Day  Night

Provide the dates of treatment. From Date (Month/Year) To Date (Month/Year)  Present  Est.

Did you successfully complete the treatment?  YES  NO → (Provide explanation)

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)**

Complete the following if you responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

**Entry #2**

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- |                                                                                          |                                                                                                                          |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge                                                                        |
| <input type="checkbox"/> A medical professional                                          | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. |
| <input type="checkbox"/> A mental health professional                                    |                                                                                                                          |

Provide explanation ▶

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

**(a)** You have indicated that you did not receive treatment.

Provide explanation.

**(b)** You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- |                                                                                  |                                                                                                |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.)                 | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="checkbox"/> Other (Provide explanation) ▶                                         |

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a telephone number for the treatment provider.

Extension  International or DSN phone number  
 Day  Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Did you successfully complete the treatment?  YES  NO → (Provide explanation)

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.7 Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?  YES  NO (If NO, proceed to Section 24)

Complete the following if you responded 'Yes' to having **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

### Entry #1

Provide the type of drug or controlled substance for which you were treated.

- |                                                                                                |                                                                                                |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)               | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)                     | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)                    |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.)                               | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)                       |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶                                         |

Provide the name of the treatment provider.

Last name \_\_\_\_\_ First name \_\_\_\_\_

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide a telephone number for the treatment provider.

Extension  International or DSN phone number  
 Day  Night

Provide the dates of treatment.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  
 Est.  Est.

Did you successfully complete the treatment?  YES  NO → (Provide explanation)

### Entry #2

Provide the type of drug or controlled substance for which you were treated.

- |                                                                                                |                                                                                                |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)               | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)                     | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)                    |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.)                               | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)                       |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶                                         |

Provide the name of the treatment provider.

Last name \_\_\_\_\_ First name \_\_\_\_\_

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide a telephone number for the treatment provider.

Extension  International or DSN phone number  
 Day  Night

Provide the dates of treatment.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  
 Est.  Est.

Did you successfully complete the treatment?  YES  NO → (Provide explanation)

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 24 - Use of Alcohol

**24.1** In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?  YES  NO (If NO, proceed to 24.2)

Complete the following if you responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

**Entry #1**

Provide the month/year when this negative impact occurred. From Date (Month/Year) <input type="checkbox"/> Est.	Provide dates of involvement or use. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide circumstances.	Provide negative impact.

**Entry #2**

Provide the month/year when this negative impact occurred. From Date (Month/Year) <input type="checkbox"/> Est.	Provide dates of involvement or use. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide circumstances.	Provide negative impact.

**Entry #3**

Provide the month/year when this negative impact occurred. From Date (Month/Year) <input type="checkbox"/> Est.	Provide dates of involvement or use. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide circumstances.	Provide negative impact.

**Entry #4**

Provide the month/year when this negative impact occurred. From Date (Month/Year) <input type="checkbox"/> Est.	Provide dates of involvement or use. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide circumstances.	Provide negative impact.

Enter your Social Security Number before going to the next page →



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 24 - Use of Alcohol - (Continued)

**24.2** Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?  YES  NO (If NO, proceed to 24.3)

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.

### Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)

- |                                                                                          |                                                                                                                          |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge                                                                        |
| <input type="checkbox"/> A medical professional                                          | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. |
| <input type="checkbox"/> A mental health professional                                    | <input type="checkbox"/> Other (Provide explanation) ▶                                                                   |

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

**(a)** You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.  
Provide explanation.

**(b)** You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number. Extension  International or DSN phone number  
 Day  Night

Did you successfully complete the treatment program?  YES  NO → (Provide explanation) ▶

### Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply):

- |                                                                                          |                                                                                                                          |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge                                                                        |
| <input type="checkbox"/> A medical professional                                          | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. |
| <input type="checkbox"/> A mental health professional                                    | <input type="checkbox"/> Other (Provide explanation) ▶                                                                   |

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

**(a)** You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.  
Provide explanation.

**(b)** You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

Provide the name of the individual counselor or treatment provider.

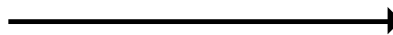
Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number. Extension  International or DSN phone number  
 Day  Night

Did you successfully complete the treatment program?  YES  NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 24 - Use of Alcohol - (Continued)

**24.3** Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?  YES  NO (If NO, proceed to 24.4)

Complete the following if you responded 'Yes' to voluntarily seeking counseling or treatment.

### Entry #1

Provide the dates of counseling or treatment. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.		Provide the name of the individual counselor or treatment provider.		
Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				
Street	City	State	Zip Code	Country
Provide telephone number. Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night				
Did you successfully complete the treatment program? <input type="checkbox"/> YES <input type="checkbox"/> NO → (Provide explanation) ▶				

### Entry #2

Provide the dates of counseling or treatment. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.		Provide the name of the individual counselor or treatment provider.		
Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				
Street	City	State	Zip Code	Country
Provide telephone number. Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night				
Did you successfully complete the treatment program? <input type="checkbox"/> YES <input type="checkbox"/> NO → (Provide explanation) ▶				

Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 24 - Use of Alcohol - (Continued)

**24.4** Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?  YES  NO (If NO, proceed to Section 25)

Complete the following if you responded 'Yes' to having **EVER** received counseling or treatment as a result of your use of alcohol.

### Entry #1

Provide the name of individual counselor or treatment provider.  
Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.  
Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Did you successfully complete your counseling or treatment?  YES (Provide explanation)  NO (Provide explanation)

Explanation

### Entry #2

Provide the name of individual counselor or treatment provider.  
Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.  
Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Did you successfully complete your counseling or treatment?  YES (Provide explanation)  NO (Provide explanation)

Explanation

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 25 - Investigations and Clearance Record

**25.1** Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?  YES  NO (If NO, proceed to 25.2)

Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

### Entry #1

Provide the investigating agency:

- |                                                                                 |                                                                            |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> U.S. Department of Defense                             | <input type="checkbox"/> U.S. Department of Homeland Security              |
| <input type="checkbox"/> U.S. Department of State                               | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management                    | <input type="checkbox"/> I don't know                                      |
| <input type="checkbox"/> Federal Bureau of Investigation                        | <input type="checkbox"/> Other (Provide explanation) ▶                     |
| <input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau) ▶ |                                                                            |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year)	<input type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year)	<input type="checkbox"/> I don't know
	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- |                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> None                                      | <input type="checkbox"/> Q                             |
| <input type="checkbox"/> Confidential                              | <input type="checkbox"/> L                             |
| <input type="checkbox"/> Secret                                    | <input type="checkbox"/> I don't know                  |
| <input type="checkbox"/> Top Secret                                | <input type="checkbox"/> Issued by foreign country     |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input type="checkbox"/> Other (Provide explanation) ▶ |

### Entry #2

Provide the investigating agency:

- |                                                                                 |                                                                            |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> U.S. Department of Defense                             | <input type="checkbox"/> U.S. Department of Homeland Security              |
| <input type="checkbox"/> U.S. Department of State                               | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management                    | <input type="checkbox"/> I don't know                                      |
| <input type="checkbox"/> Federal Bureau of Investigation                        | <input type="checkbox"/> Other (Provide explanation) ▶                     |
| <input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau) ▶ |                                                                            |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year)	<input type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year)	<input type="checkbox"/> I don't know
	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- |                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> None                                      | <input type="checkbox"/> Q                             |
| <input type="checkbox"/> Confidential                              | <input type="checkbox"/> L                             |
| <input type="checkbox"/> Secret                                    | <input type="checkbox"/> I don't know                  |
| <input type="checkbox"/> Top Secret                                | <input type="checkbox"/> Issued by foreign country     |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 25 - Investigations and Clearance Record - (Continued)

**25.2** Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)  YES  NO (If NO, proceed to 25.3)

Complete the following if you responded 'Yes' to having **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked.

**Entry #1**

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)  <input type="checkbox"/> Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.
----------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------	---------------------------------------------------------------------------------------------

**Entry #2**

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)  <input type="checkbox"/> Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.
----------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------	---------------------------------------------------------------------------------------------

**25.3** Have you **EVER** been debarred from government employment?  YES  NO (If NO, proceed to Section 26)

Complete the following if you responded 'Yes' to having **EVER** been debarred from government employment.

**Entry #1**

Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year)  <input type="checkbox"/> Est.	Provide an explanation of the circumstances of the debarment.
--------------------------------------------------------------------	--------------------------------------------------------------------------------------------	---------------------------------------------------------------

**Entry #2**

Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year)  <input type="checkbox"/> Est.	Provide an explanation of the circumstances of the debarment.
--------------------------------------------------------------------	--------------------------------------------------------------------------------------------	---------------------------------------------------------------

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 26 - Financial Record

**26.1** In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?  YES  NO (If NO, proceed to 26.2)

Complete the following if you responded 'Yes' to in the last seven (7) years having filed a petition under any chapter of the bankruptcy code.

**Entry #1**

Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number.  
 Chapter 7  Chapter 11  Chapter 12  Chapter 13

Provide the date bankruptcy was filed. (Month/Year) Provide the date of bankruptcy discharge. (Month/Year)  Not Applicable Provide the total amount (in U.S. dollars) involved in the bankruptcy.  
 Est.  Est.  Est.

Provide the name debt is recorded under.  
 Last name First name Middle name Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  
 Street City State Zip Code Country

**(a) If Chapter 13 previously selected:**  
 Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  
 Street City State Zip Code Country

Were you discharged of all debts claimed in the bankruptcy?  YES (Provide explanation)  NO (Provide explanation)  
 Provide Explanation.

**Entry #2**

Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number.  
 Chapter 7  Chapter 11  Chapter 12  Chapter 13

Provide the date bankruptcy was filed. (Month/Year) Provide the date of bankruptcy discharge. (Month/Year)  Not Applicable Provide the total amount (in U.S. dollars) involved in the bankruptcy.  
 Est.  Est.  Est.

Provide the name debt is recorded under.  
 Last name First name Middle name Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  
 Street City State Zip Code Country

**(a) If Chapter 13 previously selected:**  
 Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  
 Street City State Zip Code Country

Were you discharged of all debts claimed in the bankruptcy?  YES (Provide explanation)  NO (Provide explanation)  
 Provide Explanation.

Enter your Social Security Number before going to the next page →

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 26 - Financial Record - (Continued)**

**26.2** Have you **EVER** experienced financial problems due to gambling?  YES  NO (If NO, proceed to 26.3)

Complete the following if you responded 'Yes' to having **EVER** experienced financial problems due to gambling.

**Entry #1**

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year)  Present  
 Est.  Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

**Entry #2**

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year)  Present  
 Est.  Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

**26.3** In the last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?  YES  NO (If NO, proceed to 26.4)

Complete the following if you responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.

**Entry #1**

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.  Est.

File  Pay  Both \_\_\_\_\_  Est.

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)  Not Applicable  
 Est.  Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

**Entry #2**

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.  Est.

File  Pay  Both \_\_\_\_\_  Est.

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)  Not Applicable  
 Est.  Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 26 - Financial Record - (Continued)

**26.4** In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?  YES  NO (If NO, proceed to 26.5)

Complete the following if you responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer.

**Entry #1**

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disciplinary action.  
 Est.

Provide the amount (in U.S. dollars) of violation. Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.  
 Est.

**Entry #2**

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disciplinary action.  
 Est.

Provide the amount (in U.S. dollars) of violation. Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.  
 Est.

**26.5** Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?  YES  NO (If NO, proceed to 26.6)

Complete the following if you responded 'Yes' to being currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties.

**Entry #1**

Provide explanation. Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization. Provide the location of the credit counseling organization.  
 Telephone number Extension  International or DSN phone number City State  
 Day  Night

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

**Entry #2**

Provide explanation. Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization. Provide the location of the credit counseling organization.  
 Telephone number Extension  International or DSN phone number City State  
 Day  Night

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 26 - Financial Record - (Continued)**

- 26.6** Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below)  YES  NO (If NO, Proceed to 26.7)
- **In the last seven (7) years**, you have been delinquent on alimony or child support payments.
  - **In the last seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - **In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

**Entry #1**

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)  YES  NO (If NO, Proceed to 26.7)

- In the last seven (7) years**, you have been delinquent on alimony or child support payments.
- In the last seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est.

Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Provide the name of the court involved.

Est.  Not Resolved  Est.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

### Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

YES  NO (If NO, Proceed to 26.7)

- In the last seven (7) years, you have been delinquent on alimony or child support payments.
- In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est.

Provide the date the financial issue began. (Month/Year)

Est.

Provide date the financial issue was resolved. (Month/Year)

Not Resolved

Est.

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 26 - Financial Record - (Continued)

- 26.7** Other than previously listed, have any of the following happened?  YES  NO (If NO, proceed to Section 27)
- **In the last seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - **In the last seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - **In the last seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - **In the last seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - **In the last seven (7) years**, you were evicted for non-payment?
  - **In the last seven (7) years**, you had wages, benefits, or assets garnished or attached for any reason?
  - **In the last seven (7) years**, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

**Entry #1**

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)  YES  NO (If NO, proceed to Section 27)

- In the last seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years**, you were evicted for non-payment?
- In the last seven (7) years**, you had wages, benefits, or assets garnished or attached for any reason?
- In the last seven (7) years**, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue.	Provide the reason(s) for the financial issue.	Provide the current status of the financial issue.
<input type="checkbox"/> Est.		

Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was resolved. (Month/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Not Resolved <input type="checkbox"/> Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

**Entry #2**

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)  YES  NO (If NO, proceed to Section 27)

- In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years, you were evicted for non-payment?
- In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
- In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. <input type="checkbox"/> Est.	Provide the reason(s) for the financial issue.	Provide the current status of the financial issue.
-----------------------------------------------------------------------------------------------	------------------------------------------------	----------------------------------------------------

Provide the date the financial issue began. (Month/Year) <input type="checkbox"/> Est.	Provide date the financial issue was resolved. (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Not Resolved <input type="checkbox"/> Est.
-------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	------------------------------------------------------------------------

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 27 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

**27.1 In the last seven (7) years** have you illegally or without proper authorization accessed or attempted to access any information technology system?  YES  NO (If NO, proceed to 27.2)

Complete the following if you responded 'Yes' to having in the last seven (7) years illegally or without proper authorization entered or attempted to enter into any information technology system.

### Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

### Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

**27.2 In the last seven (7) years** have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?  YES  NO (If NO, proceed to 27.3)

Complete the following if you responded 'Yes' to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above.

### Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

### Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 27 - Use of Information Technology Systems - (Continued)

**27.3** In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?  YES  NO (If NO, proceed to Section 28)

Complete the following if you responded "Yes" to having in the last seven (7) years introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above.

### Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

### Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 28 - Involvement in Non-Criminal Court Actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form?  YES  NO (If NO, proceed to Section 29)

Complete the following if you responded 'Yes' to having been a party to any public record civil court action(s) not listed elsewhere on this form in the last ten (10) years.

### Entry #1

Provide the date of the civil action. (Month/Year) Provide the court name.

Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

### Entry #2

Provide the date of the civil action. (Month/Year) Provide the court name.

Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 29 - Association Record**

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion or to affect the conduct of a government by mass destruction, assassination or kidnapping.

**29.1** Are you now or have you **EVER** been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?  YES  NO (If NO, proceed to 29.2)

Complete the following if you responded 'YES' to being or ever having been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities.

**Entry #1**  
 Provide the full name of the organization.

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Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
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Provide the dates of your involvement with the organization. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

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Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made	Provide a description of the nature of and reasons for your involvement with the organization.
------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

**Entry #2**  
 Provide the full name of the organization.

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Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
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Provide the dates of your involvement with the organization. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held
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Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made	Provide a description of the nature of and reasons for your involvement with the organization.
------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

Enter your Social Security Number before going to the next page ➔



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 29 - Association Record - (Continued)**

**29.2** Have you **EVER** knowingly engaged in any acts of terrorism?  YES  NO (If NO, proceed to 29.3)

Complete the following if you responded 'Yes' to **EVER** having knowingly engaged in any acts of terrorism.

<b>Entry #1</b>	
Describe the nature and reasons for the activity.	Provide the dates for any such activities. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
<b>Entry #2</b>	
Describe the nature and reasons for the activity.	Provide the dates for any such activities. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.

**29.3** Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?  YES  NO (Proceed to 29.4)

Complete the following if you responded 'Yes' to having **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.

<b>Entry #1</b>	
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
<b>Entry #2</b>	
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.

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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 29 - Association Record - (Continued)**

**29.4** Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?  YES  NO (If NO, proceed to 29.5)

Complete the following if you responded 'Yes' to having **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.

**Entry #1**

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) | To Date (Month/Year)  Present  
 Est. |  Est.

Provide all positions held in the organization, if any.

No positions held

Provide all contributions made to the organization, if any.

No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

**Entry #2**

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) | To Date (Month/Year)  Present  
 Est. |  Est.

Provide all positions held in the organization, if any.

No positions held

Provide all contributions made to the organization, if any.

No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 29 - Association Record - (Continued)**

**29.5** Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?  YES  NO (If NO, proceed to 29.6)

Complete the following if you responded 'Yes' to being or **EVER** having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.

**Entry #1**

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide all positions held in the organization, if any.  No positions held

Provide all contributions (in U.S. dollars)  No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

**Entry #2**

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide all positions held in the organization, if any.  No positions held

Provide all contributions (in U.S. dollars)  No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 29 - Association Record - (Continued)

**29.6** Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?  YES  NO (If NO, proceed to 29.7)

Complete the following if you responded 'Yes' to having **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force.

**Entry #1**

Describe the nature and reasons for the activity.

Provide the dates of such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

**Entry #2**

Describe the nature and reasons for the activity.

Provide the dates of such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

**29.7** Have you **EVER** associated with anyone involved in activities to further terrorism?  YES  NO

Complete the following if you responded 'Yes' to having **EVER** associated with anyone involved in activities to further terrorism.

**Entry #1**

Provide explanation.

**Entry #2**

Provide explanation.

Enter your Social Security Number before going to the next page





# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

**I Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

**I Authorize** the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

**I Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature ( <i>Sign in ink</i> )		Full name ( <i>Type or print legibly</i> )		Date signed ( <i>mm/dd/yyyy</i> )
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City ( <i>Country</i> )	State	ZIP Code	Telephone number

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Section 21 of the Standard Form 86 (SF-86), carefully read this authorization to release information about you, then sign and date it in ink.

This is an authorization for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. Your signature will allow the practitioner(s) to answer only those questions identified below.

#### Authorization

I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e., continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, and my health practitioner(s) to provide, the information requested below, relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to my health care provider/entity. Revocation of this authorization is not effective until received by my health care provider/entity. I understand that I may revoke this authorization, except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this authorization for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature ( <i>Sign in ink</i> )		Full name ( <i>Type or print legibly</i> )		Date signed ( <i>mm/dd/yyyy</i> )
Other names used				Social Security Number
Current street address Apt. #	City ( <i>Country</i> )	State	ZIP Code	Telephone number

#### For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or trustworthiness?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.		
What is the prognosis?		
Dates of treatment?		
Signature ( <i>Sign in ink</i> )	Practitioner name	Date signed ( <i>mm/dd/yyyy</i> )

Enter your Social Security Number before going to the next page



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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

#### Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### Purpose

The Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

#### Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Print Name	Social Security Number
Signature ( <i>Sign in ink</i> )	Date signed ( <i>mm/dd/yyyy</i> )

Enter your Social Security Number before going to the next page

